TITLE V BLOCK GRANT APPLICATION FORMS (2-21) STATE: MA

APPLICATION YEAR: 2011

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	FORM 2			
MCH BUDGET I	DETAILS FOR (d) and 505(a)(3)(4))	-		
	ATE: MA			
FEDERAL ALLOCATION (Item 15a of the Application Face Sheet [SF 424]) Of the Federal Allocation (1 above), the amount earmarked for:			\$	11,606,516
A.Preventive and primary care for children:				
\$3,486,894 (30.04%)				
B.Children with special health care needs:				
\$ 4,185,741 (36.06%) (If either A or B is less than 30%, a waiver request must accompany the C.Title V admininstrative costs:	e application)[Sec. 50	05(a)(3)]		
\$\frac{1,075,475}{(9.27\%)}\$ (The above figure cannot be more than 10\%) [Sec. 504(d)]				
2. UNOBLIGATED BALANCE (Item 15b of SF 424)			\$	643,484
3. STATE MCH FUNDS (Item 15c of the SF 424)			\$	49,430,150
4. LOCAL MCH FUNDS (Item 15d of SF 424)			\$	0
5. OTHER FUNDS (Item 15e of SF 424)			\$	0
6. PROGRAM INCOME (Item 15f of SF 424)			\$	0
7. TOTAL STATE MATCH (Lines 3 through 6) (Below is your State's FY 1989 Maintainence of Effort Amount) \$ 23,499,343			\$	49,430,150
8. FEDERAL-STATE TITLE V BLOCK GRANT (Total lines 1 through 6. Same as line 15g of SF 424) 9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the person responsible for the person respo		·) \$ <u> </u>	61,680,150
a. SPRANS:	\$	951,481		
b. SSDI:	\$	100,000		
c. CISS:	\$	140,000		
d. Abstinence Education:	\$	0		
e. Healthy Start:	\$	0		
f. EMSC:	\$ <u> </u>	130,000		
g. WIC:	\$	130,249,402		
h. AIDS:	\$	964,806		
i. CDC:	\$	3,796,353		
j. Education:	\$	7,666,943		
k. Other:		·		
ACF	\$	540,859		
DOJ	\$	400,000		
SAMHSA	\$	850,000		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds und	ler item 9)		\$	145,789,844
11. STATE MCH BUDGET TOTAL (Partnership subtotal + Other Federal MCH Funds subtotal)			\$	207,469,994

None

FIELD LEVEL NOTES

 Section Number: Form2_Main Field Name: FedAlloc Row Name: Federal Allocation

Column Name: Year: 2011 Field Note:

Assuming continued funding at FY10 award level.

2. Section Number: Form2_Main Field Name: FedAlloc_Admin

Row Name: Federal Allocation - Title V Administrative costs

Column Name: Year: 2011 Field Note:

The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY11 estimated allotment and estimated carry-over FY10 federal funds) are budgeted for administrative costs for FY11. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within BFHN or BCHAP working entirely on fiscal management and operations.

The amount shown here represents the percentage of the FY11 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY11 Budgeted

The amount shown here represents the percentage of the FY11 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY11 Budgeted includes both FY11 funds and FY10 carry-over funds.

3. Section Number: Form2_Main Field Name: StateMCHFunds Row Name: State MCH Funds

Column Name: Year: 2011 Field Note:

The following state accounts make up the "Total State Funds" amount of \$49,430,150 based on the state FY11 budget as of 9/15/10. Total state funds for FY11 are approximately \$3M below final funding for FY10, which was below funding for FY09 (after accounting for dollar neutral transfers to Medicaid for EI services). The unexpected non-renewal of short-term FMAP funds has led to substantial new cuts in the final budget, which may be restored if some or all of the FMAP funds are released later in the fiscal year.

Family Health Services (\$4,655,623, level funded for FY10; down from \$7.M in FY09). This now funds family planning services, with some funds for the MA Birth Defects Monitoring System.

Early Intervention (\$24,949,384, down from \$27,554,904 in FY10).

Universal Newborn Hearing Screening (\$65,494, down from \$71,497 in FY10 and \$84,076 in FY09)

Teen Pregnancy Prevention Challenge Fund (\$0) (NOTE: All funding in this account is considered part of the Title V federal-state partnership program but all non-earmarked funds \$3,148,327 in FY10 and \$2,398,327 in FY11) are used as match for federal TANF funding of the FOR Families ISA. There are no earmarks for FY11, so the entire account will be used for TANF match.

School Health (including school health services & school-based health centers) (\$11,597,967, down from \$11,922,121 in FY10 and \$17,157,134 in FY09).

Medicaid ISA for EI Partnership home visiting programs (\$62,500, down from \$250,000; funding ending after 3 months)

Dental Health (portion) (\$232,035, estimated)

Shaken Baby Syndrome (\$0, was \$192,988 in FY10 and \$350,000 in FY09); account eliminated

Catastrophic Illness in Children Relief Fund (\$3,014,017, estimated)

Domestic Violence & Sexual Assault Prev. & Treatment (portion) (\$4,326,166, estimated)

Suicide Prevention (portion) (\$65,000) - for Regional Poison Control Center

Portions of other state administrative and information technology accounts (\$461,964, estimated, down from \$622,512 in FY10 and \$1,480,247 in FY09) for MCH-related costs.

Two accounts that are considered part of the Title V federal-state partnership are not included here, as they are used as FMAP match for Medicaid: Pediatric Palliative Care (\$786,444, level funded from FY10), and Youth Violence Prevention (\$1.5M, down from \$2M in FY10 and \$3.5M in FY09). Additional funds from the state Early Intervention account and the Catastrophic Illness in Children Trust Fund may also be used for additional TANF match during FY11.

Based on a total FY11 federal MCH budget of \$12,250,000, this breaks out as a budgeted FY11 State Match (\$3 state for every \$4 federal) of \$9,187,500 and Over Match of \$40,7242.650.

Based on a total new FY11federal MCH award of \$11,606,516 (current estimate), this breaks out as a budgeted FY11 State Match (\$3 state for every \$4 new federal) of \$8,704,887, and Over Match of \$40,725,263.

4. Section Number: Form2_Main

Field Name: SPRANS

Row Name: Other Federal Funds - SPRANS

Column Name: Year: 2011 Field Note:

The total SPRANS category includes the following: Universal Newborn Hearing Enhancement (\$300,000)

Targeted Oral Health Services (\$160,000)

Oral Health Workforce Development (398,775)

MCHB Social Marketing – Mass. New Parents Initiative (\$92,706) These amounts are estimates of FY11 budgets and projects.

5. Section Number: Form2_Main

Field Name: SSDI

Row Name: Other Federal Funds - SSDI

Column Name: Year: 2011 Field Note:

MCHB Primary Care Systems Development grant (\$100,000).

Amount of our pending renewal application

6. Section Number: Form2_Main

Field Name: CISS

Row Name: Other Federal Funds - CISS

Column Name: Year: 2011 Field Note: The total CISS category includes the following:

Massachusetts Early Childhood Comprehensive Systems (\$140,000)

7. Section Number: Form2_Main Field Name: AbsEducation

Row Name: Other Federal Funds - Abstinence Education

Column Name: Year: 2011 Field Note:

Massachusetts no longer applies for Abstinence Education funds.

8. Section Number: Form2_Main

Field Name: EMSC

Row Name: Other Federal Funds - EMSC

Column Name: Year: 2011 Field Note:

The total EMSC category includes the following:

EMSC Partnership (\$130,000)

9. Section Number: Form2_Main

Field Name: WIC

Row Name: Other Federal Funds - WIC

Column Name: Year: 2011 Field Note:

The amount shown includes both federal and state WIC funding as following:

Federal WIC Funds (\$94,944,088)

State Nutrition Funds (for WIC and Office of Nutrition) (\$11,705,314); \$723,570 in state funding for Growth and Nutrition has been removed as it is now used as Medicaid-

related match.

State WIC Infant Formula Rebate Retained Revenue - (\$23,600,000)

State WIC/Nutrition funds have been included because they and the federal funds are fully blended at the state level. The state WIC funds, while not appropriate to include as part of our MCH Partnership funding, are administered by the Bureau and represent a major component of the Commonwealth's overall MCH commitment.

10. Section Number: Form2_Main

Field Name: AIDS

Row Name: Other Federal Funds - AIDS

Column Name: Year: 2011 Field Note:

Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$879,806),

Ryan White SPNS client data system development funding (\$85,000).

11. Section Number: Form2_Main

Field Name: CDC

Row Name: Other Federal Funds - CDC

Column Name: Year: 2011 Field Note:

Total estimated CDC funding related to maternal and child health includes the following:

Birth Defects Research and Prevention (\$1,000,000).

PRAMS (\$173,864)

Childhood Hearing Data System (\$194,579)
Residential Fire Injury Prevention (\$100,000)
PH Injury Surveillance and Prevention (\$135,488)
Mass. Youth Suicide Prevention (\$542,270)
Teen Dating Violence Prevention (\$200,000)

Addressing Asthma from a Public Health Perspective (\$450,000)

Nutrition/Obesity (\$1,000,152)

12. Section Number: Form2_Main

Field Name: Education

Row Name: Other Federal Funds - Education

Column Name: Year: 2011 Field Note:

Federal education funding includes the following: Federal P.L. 102-119 Part C of IDEA funds (\$7,606,943)

Federal Education funds for EI Focus Monitoring Training, through ISA from state DOE (\$60,000)

13. Section Number: Form2_Main **Field Name:** OtherFedFundsOtherFund

Row Name: Other Federal Funds - Other Funds

Column Name: Year: 2011 Field Note:

The Other Federal lines includes the following:

Federal ACF Substance Abuse grant for Substance-Exposed Infants (CAPTA) (\$65,859); grant ends early in FY11.

FRESH Start – ACF Federal Abandoned Infants Act grant (\$475,000)

Mass LAUNCH (SAMHSA) (\$850,000)

Department of Justice Rural Domestic Violence and Child Victimization grant (\$400,000)

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: MA

	FY 2	2006	FY 2	2007	FY 2	2008
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$12,085,938	\$11,444,696	\$11,523,943	\$10,744,565	\$11,566,209	\$10,886,177
2. Unobligated Balance (Line2, Form 2)	\$1,198,001	\$1,024,155	\$ 271,599	\$ 208,538	\$30,472	\$ 821,280
3. State Funds (Line3, Form 2)	\$56,278,528	\$ 60,036,507	\$ 64,735,399	\$ 66,283,296	\$	\$ 77,722,883
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
7. Subtotal	\$69,562,467	\$ 72,505,358	\$	\$ 77,236,399	\$ 88,044,275	\$ 89,430,340
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	NERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$121,370,315	\$119,717,778	\$ 123,953,829	\$ 123,900,000	\$ 120,617,569	\$ 134,257,012
9. Total (Line11, Form 2)	\$190,932,782	\$192,223,136	\$200,484,770	\$201,136,399	\$208,661,844	\$ 223,687,352
			(STATE MCH B	UDGET TOTAL)		

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: MA

	FY 2	2009	FY:	2010	FY:	2011
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$11,423,430	\$10,434,045	\$11,452,801	\$	\$11,606,516	\$
2. Unobligated Balance (Line2, Form 2)	\$ 320,386	\$ 565,706	\$153,661	\$	\$ 643,484	\$
3. State Funds (Line3, Form 2)	\$ 76,266,360	\$ 71,429,119	\$ 51,448,647	\$	\$ 49,430,150	\$
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$	\$0	\$
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$	\$0	\$
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$	\$0	\$
7. Subtotal	\$ 88,010,176	\$ 82,428,870	\$ 63,055,109	\$0	\$61,680,150	\$0
		(THE FEI	DERAL-STATE TITLE I	BLOCK GRANT PARTN	NERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$132,462,710	\$ 136,821,214	\$147,646,533	\$	\$ 145,789,844	\$
9. Total (Line11, Form 2)	\$220,472,886	\$219,250,084	\$210,701,642	\$0	\$	\$0
		_	(STATE MCH B	UDGET TOTAL)	_	

State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY09 = July 1, 2008 - June 30, 2009 and FY11 = July 1, 2010 - June 30, 2011). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

Contracted Service Amounts

Dollar amounts for purchased services, by program type and vender, are available upon request.

FIELD LEVEL NOTES

 Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2009 Field Note:

The allocation amount shown in the Expended Column of \$10,434,045 represents the difference between the total federal funds expended (\$10,999,751) and the amount of carry-forward funds (exclusive of the final FY08 quarterly allotment) available; "older" federal funds are expended before new allocations.

2. Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2008 Field Note:

The allocation amount shown in the Expended Column of \$10,886,177 represents the difference between the total federal funds expended (\$11,707,457) and the amount of carry-forward funds (exclusive of the final FY07 quarterly allotment) available; "older" federal funds are expended before new allocations.

3. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance Column Name: Expended

Year: 2009 Field Note:

The FY09 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our expected program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY09 was \$565,706, whereas only \$320,386 had been budgeted originally.

4. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance Column Name: Expended

Year: 2008 Field Note:

The FY08 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our expected program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY08 was \$821,280, whereas only \$30,472 had been budgeted originally.

5. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds Column Name: Expended

Year: 2009 Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$71,429,119 (expended amounts are shown in

parentheses):

Family Health Services account (\$5,679,589). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state

MCH match.]

Medicaid ISA for MCH Home Visiting Programs (\$250,000)

Teen Pregnancy Prevention Challenge Fund (\$265,000) Early Intervention account (\$40,975,203)

Early Intervention account (\$40,975,203) School-Based Health Centers (\$4,201,990) School Health Services (\$12,058,514) Dental Health account (partial) (\$183,468) Newborn Hearing Screening (\$59,895)

Newborn Hearing Screening (\$59,895)
Shaken Baby Syndrome account (\$183,137)
Catastrophic Illness in Children Relief Fund (\$2,487,524)

Sexual Assault Prevention and Survivor Support (\$3,477,586)

Suicide Prevention account (partial – for Poison Control Center) (\$190,000)

Youth Violence Prevention account (\$0); all \$3.27M in expenditures claimed for CMS match instead

Community Health Center Support accounts (\$175,046, one-time contract support)

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,242,167).

Based on FY09 total federal MCH expenditures of \$10,999,751, this breaks out as FY09 State Match (\$3 state for every \$4 federal) expenditures of \$8,249,813 and State Over Match expenditures of \$63,179,306.

6. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds Column Name: Expended

Year: 2008 Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$77,722,883 (expended amounts are shown in

parentheses):

Family Health Services account (\$6,832,873). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state

MCH match.]

Medicaid ISA for MCH Home Visiting Programs (\$250,000)

Teen Pregnancy Prevention Challenge Fund (\$280,000)

Early Intervention account (\$39,613,461)

Early Intervention retained revenue account (\$5,486,230)

School-Based Health Centers (\$4,169,768) School Health Services (\$12,055,459)

Dental Health account (partial) (\$254,838) Newborn Hearing Screening (\$69,247)

Shaken Baby Syndrome account (\$134,680) [New in FY08]

Catastrophic Illness in Children Relief Fund (\$1,819,146)

Sexual Assault Prevention and Survivor Support (\$2,786,206)

Suicide Prevention account (partial – for Poison Control Center) (\$242,446)

Youth Violence Prevention account (\$1,901,073) [New in FY08]

Department of Social Services ISA for Shaken Baby Syndrome (\$22,980)

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,804,475).

Based on FY08 total federal MCH expenditures of \$11,707,457, this breaks out as FY08 State Match (\$3 state for every \$4 federal) expenditures of \$8,780,593 and State

Over Match expenditures of \$68,942,290.

Section Number: Form3_Main

Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended

Year: 2009

Field Note:

The higher amount of Other Federal Funds expended than budgeted is due to the initial amount included for Federal WIC funds being approximately \$5M lower than the

final amount.

Section Number: Form3_Main

Field Name: OtherFedFundsExpended Row Name: Other Federal Funds

Column Name: Expended

Year: 2008

Field Note:

The significantly higher amount of Other Federal Funds expended than budgeted is due to the initial amount included for Federal WIC funds being approximately \$15M lower than the final amount.

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MA

	FY	2006	FY :	2007	FY 2008		
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
a. Pregnant Women	\$3,571,556	\$ 3,326,252	\$ 3,032,875	\$	\$3,210,197	\$3,036,082	
b. Infants < 1 year old	\$1,303,616	\$1,199,170	\$ 800,861	\$ 813,626	\$1,346,665	\$1,270,361	
c. Children 1 to 22 years old	\$ 18,172,827	\$ 18,805,172	\$ 20,373,481	\$ 20,229,188	\$23,012,476	\$ 22,690,912	
d. Children with Special Healthcare Needs	\$ 39,304,490	\$ 41,759,960	\$ 44,785,977	\$ 46,022,746	\$52,019,549	\$ 53,960,899	
e. Others	\$5,839,136	\$ 6,211,229	\$ 6,332,592	\$6,165,178	\$	\$7,083,961	
f. Administration	\$1,370,842	\$ 1,203,575	\$ 1,205,155	\$1,268,509	\$1,302,259	\$1,388,125	
g. SUBTOTAL	\$ 69,562,467	\$72,505,358	\$76,530,941	\$77,236,399	\$88,044,275	\$89,430,340	
II. Other Federal Funds (under the c	control of the person	esponsible for admini	stration of the Title V	program).			
a. SPRANS	\$ 915,000]	\$ 515,000		\$ 911,904		
b. SSDI	\$ 100,000	j	\$100,000		\$100,000		
c. CISS	\$ 170,447]	\$140,000		\$ 140,000		
d. Abstinence Education	\$		\$		\$0		
e. Healthy Start	\$0		\$0		\$0		
f. EMSC	\$100,000]	\$ 115,000		\$ 115,000		
g. WIC	\$104,983,370]	\$108,643,627		\$106,835,196		
h. AIDS	\$888,693]	\$888,348		\$888,693		
i. CDC	\$3,257,510]	\$		\$3,143,237		
j. Education	\$9,078,513]	\$8,933,122		\$		
k.Other]	1		1			
ACF / CAPTA	\$0		\$0		\$ 250,000		
Dept of Justice	\$ 899,948		\$0		\$460,309		
САРТА	\$0		\$ 250,000		\$0		
DOJ	\$0		\$449,974		\$0		
Emerg Preparedness	\$0]	\$		\$0		
SAMHSA Block Grant	\$0]	\$15,000		\$0		
HRSA - Bioterrorism	\$ 234,362]	\$0		\$0		
Substance Abuse	\$15,000]	\$0		\$0		
III. SUBTOTAL	\$ 121,370,315]	\$ 123,953,829		\$120,617,569		

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MA

	FY	2009	FY 2010		FY 2	2011
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$3,268,887	\$3,019,957	\$2,043,716	\$	\$2,068,883	\$
b. Infants < 1 year old	\$1,348,124	\$1,100,412	\$1,048,845	\$	\$897,567	\$
c. Children 1 to 22 years old	\$ 21,909,330	\$19,747,457	\$ 19,651,609	\$	\$ 17,958,433	\$
d. Children with Special Healthcare Needs	\$52,455,583	\$ 49,846,994	\$ 33,050,485	\$	\$32,691,414	\$
e. Others	\$	\$7,316,008	\$ 6,092,422	\$	\$6,882,889	\$
f. Administration	\$1,189,461	\$1,398,042	\$1,168,032	\$	\$1,180,964	\$
g. SUBTOTAL	\$ 88,010,176	\$82,428,870	\$63,055,109	\$0	\$ 61,680,150	\$0
II. Other Federal Funds (under the	ontrol of the person r	esponsible for admini	stration of the Title V	program).		
a. SPRANS	\$ 509,331		\$866,429		\$ 951,481	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 140,000		\$ 105,000		\$ 140,000	
d. Abstinence Education	\$0		\$0		\$0	
e. Healthy Start	\$0		\$0		\$0	
f. EMSC	\$115,000		\$115,000		\$ 130,000	
g. WIC	\$ 120,518,456		\$130,152,583		\$ 130,249,402	
h. AIDS	\$ 879,806		\$1,040,251		\$ 964,806	
i. CDC	\$2,062,999		\$1,886,242		\$ 3,796,353	
j. Education	\$ 7,431,249		\$ 12,206,249		\$ 7,666,943	
k.Other]					
ACF	\$ 250,000		\$ 725,000		\$ 540,859	
DOJ	\$0		\$ 449,779		\$ 400,000	
SAMHSA	\$0		\$0		\$ 850,000	
Dept of Justice	\$ 455,869		\$0		\$0	
III. SUBTOTAL	\$ 132,462,710		\$ 147,646,533		\$145,789,844	

It may appear from Form 4 that historically Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ from their shares in previous years. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case was 88% state funds in FY09, 83% in FY10, and 80% for FY11. A more detailed picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data separately for federal and state funds over several years. State funding streams stabilized and increased substantially from FY07 through initial FY09 levels, with the percentage distribution remaining quite consistent. In FY10 and again in FY11, a number of those funding streams are substantially lower due to the continuing state budget crisis. In addition, funds from more accounts are being used as match for other federal funds (such as TANF and FMAP) to maximize the Commonwealth's access to federal funding. These changes in assignment of match do not affect services for the MCH populations, but they disproportionately affect total state Partnership funding for some groups.

Thus for a number of reasons, changes in state funding from year to year may not be felt equally across all of MCH population groups and we are not able to shift funds easily to different MCH population groups or levels of the pyramid from these very categorical accounts.

FIELD LEVEL NOTES

1. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended

Year: 2009 Field Note:

FY2009 Expenditures for Infants were more than 10% lower than budgeted. This was due to reductions in state funds during the fiscal year ("9C cuts") in a couple of programs that are counted in this category. These included reduced funding for the new Shaken Baby Education Initiative and for the SIDS Center. Because the total amount of Partnership funding in this category is relatively small, any reduction (or increase) in state funds can result in at least a 10% difference from the initial budget.

2. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended Row Name: Administration Column Name: Expended

Year: 2009 Field Note:

FY2009 Expenditures for Administrative Costs were more than 10% higher than budgeted. This difference is entirely due to shifting expenses for a number of general administrative support functions from federal accounts (other than the Block Grant) to state accounts during the fiscal year. These cost-neutral shifts brought more state funding into the "Partnership" category.

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MA

TYPE OF SERVICE	FY 2	2006	FY:	2007	FY 2008		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 23,760,764	\$\$	\$ 26,573,580	\$ 27,412,175	\$ 29,516,322	\$32,076,682	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$19,193,037	\$18,897,307	\$20,773,544	\$20,365,187	\$21,382,700	\$22,260,512	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$11,075,412	\$11,724,996	\$12,527,168	\$12,236,433	\$16,704,176	\$14,676,102	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$15,533,254	\$17,102,639	\$16,656,649	\$17,222,604	\$20,441,077	\$20,417,044	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$69,562,467	\$	\$76,530,941	\$	\$88,044,275	\$89,430,340	

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MA

Type of Sepvice	FY 2	2009	FY 2	2010	FY 2011		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 30,162,582	\$ 28,623,540	\$ 19,132,713	\$	\$ 18,682,857	\$	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 24,812,843	\$24,050,140	\$19,532,363	\$	\$19,243,538	\$	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$15,001,462	\$14,076,936	\$ 9,346,854	\$	\$ 9,639,643	\$	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$18,033,289	\$15,678,254	\$15,043,179	\$	\$14,114,112	\$	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$88,010,176	\$82,428,870	\$ 63,055,109	\$0	\$ 61,680,150	\$	

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case was 88% state funds in FY09, 83% in FY10, and 80% in FY11. The state funds are generally targeted toward direct and enabling services (for example early intervention services for children birth to three). In fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building and reduce the level of federal funding for direct and enabling services without reducing services for women, children and families. A more detailed picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that much of the year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. For example, between 55% and 68% of federal funds have been allocated to Infrastructure each year and only approximately 6 to 11% to Direct Services (with the trend being less in Direct Services and more in Infrastructure), while 25-40% of state funds have been allocated to Direct Services and only 11 to 17% to Infrastructure. Based on the categorical nature of our state funding stream (and the variable cuts or increases in various accounts from year to year), the impact of state funding is not felt equally across the entire federal MCH pyramid.

FIELD LEVEL NOTES

 Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2008 Field Note:

Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health, are not funded with federal Title V funds, and/or are otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.

The total expended for Population-based services in FY2008 differs by more than 10% (lower) than the amount originally budgeted. The reason for the discrepancy is that all state Early Intervention funds (of over \$40M) were allocated in the original budget with an estimated 25% for population based services. This was an error due to a preliminary program budget that did not distinguish between regular EI services - which include population-based assessment services - and specialty intervention services (including intensive services for children with autism spectrum disorders) that should have been entirely budgeted as enabling and direct services. Thus the original budget had too high a population-based subtotal. The final Expended funds are more accurately distributed across the MCH Pyramid categories. As can be seen in the Total Expended, there was no underspending.

2. Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2009 Field Note:

FY2009 expenditures for Infrastructure Building were more than 10% lower than budgeted. The reduction of almost \$2.5M was due to major cuts to a number of state accounts during FY09 ("9C cuts") that include some substantial infrastructure items. Those accounts included Early Intervention, School Health, School-Based Health Centers, Family Planning, and others. State funds were more concentrated in the Direct, Enabling, or Population-Based components of many accounts.

FORM 6 NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED Sert. 506(a)(2)(B)(iii)												
			STATE: MA									
Total Births by Occur	Total Births by Occurrence: 75,850 Reporting Year: 2009											
*												
Type of Screening Tests	(A Receiving at lea	ast one Screen	(B) No. of Presumptive Positive	(C) No. Confirmed	(E Needing Tre Received Tr	o) eatment that eatment (3)						
	No.	%	Screens	Cases (2)	No.	%						
Phenylketonuria	75,288	99.3	186	7	7	100						
Congenital Hypothyroidism	75,288	99.3	1,215	65	65	100						
Galactosemia	75,288	99.3	37	1	1	100						
Sickle Cell Disease	75,288	99.3	26	26	26	100						
Other Screening (Sp	ecify)											
Biotinidase Deficiency	75,288	99.3	13	0	0							
Congenital Toxoplasmosis	75,288	99.3	8	1	1	100						
Cystic Fibrosis	75,259	99.2	294	22	22	100						
Homocystinuria	75,288	99.3	176	1	1	100						
Maple Syrup Urine Disease	75,288	99.3	193	0	0							
beta-ketothiolase deficiency	75,259	99.2	5	0	0							
Tyrosinemia Type I	75,259	99.2	0	0	0							
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	75,259	99.2	13	5	5	100						
Argininosuccinic Acidemia	75,259	99.2	0	0	0							
Citrullinemia	75,259	99.2	0	0	0							
Isovaleric Acidemia	75,259	99.2	16	0	0							
Propionic Acidemia	75,259	99.2	30	0	0							
Carnitine Uptake Defect	75,259	99.2	6	1	1	100						
Methylmalonic acidemia (Cbl A,B)	75,259	99.2	30	0	0							
Glutaric Acidemia Type I	75,259	99.2	10	0	0							
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	75,288	99.3	680	3	3	100						
Medium-Chain Acyl- CoA Dehydrogenase Deficiency	75,288	99.3	50	6	6	100						
Long-Chain L-3- Hydroxy Acyl-CoA Dehydrogenase Deficiency	75,259	99.2	3	0	0							
3-Hydroxy 3-Methyl Glutaric Aciduria	75,259	99.2	14	0	0							
Methylmalonic Acidemia (Mutase Deficiency)	75,259	99.2	30	1	1	100						
S-Beta Thalassemia	75,288	99.3	0	0	0							
Argininemia (Arg)	75,259	99.2	75	0	0							
Carbamoylphosphate synthetase deficiency	75,259	99.2	1	0	0							

Ornithine transcarbamylase deficiency	75,259	99.2	1	1	1	100
Hb S/C disease	75,288	99.3	8	8	8	100
Methylmalonic acidemia (Cbl C,D)	75,259	99.2	30	1	1	100
Optional Metabolic Pilot Study (11 months)	69,758	92	37	0	0	
Optional SCID Pilot Screens (11 months)	69,190	91.2	256	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

Data are for the calendar year 2009. Effective February 2009, Massachusetts screened every newborn for 30 disorders (listed below); these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening)

(1) Argininemia (ARG)

(2) Argininosuccinic acidemia (ASA)

(3) ß-Ketothiolase deficiency (BKT)

(4) Biotinidase deficiency (BIOT)

(5) Carbamoylphosphate synthetase deficiency (CPS)(6) Carnitine uptake defect (CUD)

(7) Citrullinemia (CIT)

(8) Congenital adrenal hyperplasia (CAH)

(9) Congenital hypothyroidism (CH)

(10) Congenital toxoplasmosis (TOXO)

(11) Cystic fibrosis (CF)

(12) Galactosemia (GALT)

(13) Glutaric acidemia type I (GAI)

(14) Homocystinuria (HCY)

(15) 3-hydroxy-3-methyl glutaric aciduria (HMG)

(16) Isovaleric acidemia (IVA)

(17) Long-chain L-3-OH acyl-CoA dehydrogenase deficiency (LCHAD)

(18) Maple syrup disease (MSUD)

(19) Ornithine transcarbamylase deficiency (OTC)

(20) Phenylketonuria (PKU)

(21) Sickle cell anemia (Hb SS)

(22) Hb S/C disease (Hb SC) (23) Hb S/ß-thalassemia (Hb S/ßTh)

(24) Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)

(25) Methylmalonic acidemia: mutase deficiency (MUT)

(26) Methylmalonic acidemia: cobalamin A, B (Cbl A,B)

(27) Methylmalonic acidemia: cobalamin C,D (Cbl C,D)

(28) Propionic acidemia (PROP)

(29) Tyrosinemia type I (TYR I)

(30) Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

In addition to the 30 mandatory tests, two optional Pilot Studies are currently active: MET (Fatty Acid Oxidation Disorders) and SCID (Severe Combined Immunodeficiency). Because the pilots were changed in February, it was a challenge to clearly depict in FORM 6 the counts of babies tested for the various pilots vs. total babies. 75,288 babies were screened for the "older" mandates (e.g. PKU) and only 75,259 babies were tested for disorders that were moved from pilot to mandate on February 1. This is because parents of 29 babies during the month of January declined the then-optional testing. During the eleven months for which the new pilots were in place during 2009, 69,758 of 70,018 (99.6%) babies were tested for the new Metabolic Pilot panel, and 69,190 of 70,018 (98.8%) babies were tested for the new SCID pilot.

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers.

Only confirmed cases from resident births are reported here.

FIELD LEVEL NOTES

Section Number: Form6_Main Field Name: BirthOccurence

Row Name: Total Births By Occurence Column Name: Total Births By Occurence

Field Note:

Preliminary estimate. Final Vital Records data on 2009 births are not yet available. There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2009. Also note that because Massachusetts expanded mandatory testing during the Calendar year, the number of screens for most conditions reflects less than 12 months of mandatory testing, although the added tests have generally been part of the previously option panel allowed by almost all families. Hence the slightly different numbers screened for conditions that had been among the original 10 mandatory ones and those screened for the conditions added early in the calendar year.

Section Number: Form6_Main

Field Name: SickleCellDisease OneScreenNo

Row Name: SickleCellDisease

Column Name: Receiving at least one screen

Year: 2011 Field Note:

Screening is reported here for Sickle cell anemia (Hb SS). Screening for other sickling diseases -- Hb S/C disease (Hb SC) and Hb S/ß-thalassemia (Hb S/ßTh) is reported separately below. Non-sickling hemoglobinopathies are also reported to the medical home, but are not included in this report because the report format does not call for these disorders.

Section Number: Form6_Main Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Field Note:

The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help

The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,306 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) In fact some programs do not even follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.

Section Number: Form6 Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease Column Name: Confirmed Cases

Year: 2011

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

5. Section Number: Form6_Other Screening Types

Field Name: Other Row Name: All Rows Column Name: All Columns

Year: 2011 Field Note:

Note: the following disorders and conditions are not specifically listed by the Massachusetts regulations, but were detected as by-products of the mandatory screening:

One (1) hypermethioninemia

Eleven (11) Short-chain acyl-CoA dehydrogenase deficiency (SCAD) Five (5) 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC)

In addition to the 30 mandatory tests, optional screening is offered for two Pilot Studies. (See Form-Level note for a listing.) In 2009, >93% of parents participated in the optional testing.

Number of Individuals Served (Unduplicated) under Title V (BY Class of Individuals and Percent of Health Coverage)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MA

Reporting Year: 2009

	TITLE V	PRIMARY SOURCES OF COVERAGE						
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %		
Pregnant Women	39,759	84.0	0.0	12.0	3.0	1.0		
Infants < 1 year old	61,056	41.7	0.0	54.3	2.8	1.2		
Children 1 to 22 years old	526,170	38.5	0.0	51.3	10.0	0.2		
Children with Special Healthcare Needs	39,205	42.3	0.0	50.6	6.8	0.3		
Others	69,408	29.8	0.0	4.6	65.2	0.4		
TOTAL	735,598							

Please see the Attachment file for Part IV, Section F of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY09" This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

FIELD LEVEL NOTES

 Section Number: Form7_Main Field Name: PregWomen_TS Row Name: Pregnant Women Column Name: Title V Total Served

Year: 2011 Field Note:

This category includes pregnant women served by the Massachusetts WIC Program (39,755) and the EI Partnership Programs (443). Because close to 99% of EIPP clients also receive WIC services, the total has been adjusted to eliminate duplication.

2. Section Number: Form7_Main Field Name: Children_0_1_TS Row Name: Infants <1 year of age Column Name: Title V Total Served

Year: 2011 Field Note:

This category includes Infants (not including infants receiving special health needs services) served by the following programs: Newborn Hearing Screening where no hearing loss was found (74,780), School-Based Health Centers (14), WIC (63,176), and Poison Control Center calls (4,753). The total shown is adjusted for estimated substantial duplication of infants both screened and served by WIC and the other two programs. The total has also been reduced to eliminate the estimated number of infants screened as normal but with other special health care needs (and thus counted in that category for this Form).

The number of infants served is lower than the number of occurrence births shown in Forms 6 and 8. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 13,738 infants with special health needs were served in such programs as Early Intervention, Care Coordination, Care Coordination, Newborn Hearing Positive Findings Follow-up, and Growth and Nutrition. On Form 6, all infants (occurrence births) are included in the single denominator and on Form 8, the infants with special health care needs have been added to the totals for infants served.

S. Section Number: Form7_Main Field Name: Children_0_1_XXI Row Name: Infants <1 year of age Column Name: Title XXI %

Year: 2011 Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

 Section Number: Form7_Main Field Name: Children_1_22_TS Row Name: Children 1 to 22 years of age Column Name: Title V Total Served

Year: 2011 Field Note:

This category includes children (not counted elsewhere) served by the following programs: Diagnostic Hearing exams (no SHN found) (778), WIC (90,306); School-Based Health Centers (SBHC) (10,617), Essential School Health Services (345,713); Family Planning (under age 20) (11,314); Teen Pregnancy Prevention projects (on-going services) (12,416); Poison Control Center calls (32,568); CLPPP (estimated at 20% of total children screened) (44,940). The total has been reduced to account for duplication between the Essential School Health Services and School-Based Health Center subtotals. Additional duplication also exists between Essential School Health Services and the other programs that serve children over 6; an additional estimated adjustment has been made to account for that duplication.

5. Section Number: Form7_Main Field Name: Children_1_22_XXI Row Name: Children 1 to 22 years of age

Column Name: Title XXI %

Year: 2011 Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

6. Section Number: Form7_Main Field Name: Children_1_22_None Row Name: Children 1 to 22 years of age

Column Name: None % Year: 2011

Field Note:

The % of children and youth is large for several reasons. First, it includes all adolescents who have received family planning services paid for with state Partnership funds. Some of them are not on Medicaid and do not have other insurance, but to treat adolescents confidentially under state law, insurance status is not requested for adolescents. [Any adolescents covered by Medicaid or private insurance for whom those payers are billed are not included in these numbers.] The % of those children estimated to have no coverage is also a high estimate because the No Coverage category includes all children and youth served by the statewide Poison Control Center (a population-based program) and youth participating in teen pregnancy prevention community-based programs. Neither program collects insurance data because the services being provided are not covered by insurance. Many of these children, youth and their families have some form of insurance, but we do not have that information.

7. Section Number: Form7_Main Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2011 Field Note:

This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty services, and EI Partnership Programs) (34,598); Care Coordination (with and without Family Support; not in EI) (405); Growth and Nutrition Clinics; not also in EI (879); Newborn Hearing Positive Findings Follow-up, not also in EI (185), CLPPP (medical case management) (1,416); SBHCs (w long-term health problem) (1,171); and other SHCN programs: MASSTART (73), Catastrophic Illness Trust Fund (211), PKU Special Foods (62) and Pediatric Palliative Care program (205). [EI total includes at least 1,261 children also receiving EIPP, Growth and Nutrition, Newborn Hearing Follow-up, or Care Coordination services; these duplicates have been removed from the total shown.]

8. Section Number: Form7_Main Field Name: CSHCN XXI

Row Name: Children with Special Health Care Needs

Column Name: Title XXI %

Year: 2011

Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

Section Number: Form7_Main Field Name: CSHCN_None

Row Name: Children with Special Health Care Needs

Column Name: None %

Year: 2011 Field Note:

The percent of clients with "no coverage" for the population group " Children with Special Health Care Needs " is explained by the programs covered in the category. The category includes those receiving Lead Poisoning Case Management, Pediatric Palliative Care, and Catastrophic Illness in Children services. Either the services are not covered by insurance or the family has exceeded insurance limits, even though the individuals do have health insurance from some source.

Section Number: Form7_Main Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2011 Field Note:

This category includes persons served by the following programs: Family Planning (age 20 or over) (22,731); WIC (postpartum and breastfeeding women) (24,574) EIPP (postpartum women) (639); Teen Pregnancy Prevention projects (on-going, age 20 and over) (1,347); SBHC (clients over age 22) (316); Poison Control Center calls (adults and unknown age) (17,860); SIDS counseling (235 individuals), and Rape Crisis Center clients (all ages) (2,339). The total has been adjusted to eliminate substantial duplication between WIC and EIPP clients.

Section Number: Form7_Main Field Name: AllOthers_None Row Name: Others Column Name: None %

Year: 2011 Field Note:

The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Most of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.] The category also includes those receiving Poison Center services, SIDS counseling or rape crisis center support. None of these services is covered by insurance, even though the individuals do have health insurance from some source.

FORM 8 DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX (BY RACE AND ETHNICITY) [Sec. 506(A)(2)(C-D)] STATE: MA

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown			
DELIVERIES	DELIVERIES										
Total Deliveries in State	76,969	53,038	6,777	192	5,977	0	0	10,985			
Title V Served	39,759	17,866	7,395	52	2,125	0	0	12,321			
Eligible for Title XIX	19,470	14,928	3,258	75	1,171	0	0	38			
INFANTS											
Total Infants in State	77,934	53,833	6,555	165	5,772	0	0	11,609			
Title V Served	74,794	50,079	6,736	174	5,597	0	0	12,208			
Eligible for Title XIX	23,086	17,610	3,928	63	1,426	0	0	59			

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	64,831	10,895	1,243	550	73	4,624	3,426	2,222
Title V Served	27,438	12,317	4	0	0	5,534	2,716	4,067
Eligible for Title XIX	14,376	5,072	22	198	17	2,335	1,223	1,299
INFANTS								
Total Infants in State	65,861	10,696	1,377	490	66	4,591	3,341	2,208
Title V Served	62,586	10,684	1,524	499	62	4,640	5,303	180
Eligible for Title XIX	16,538	6,538	10	287	17	2,375	2,375	1,484

Sources: MDPH 2008 and 2007 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data). Bureau of Family and Community Health, FY09 Program databases for Title V Served estimates (see Form 7).

Title V serves a substantially greater proportion of all minority pregnant women and infants than it does of the total population.

FIELD LEVEL NOTES

1. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All Row Name: Total Deliveries in State Column Name: Total All Races

Year: 2011 Field Note:

Defined as all occurrence deliveries in 2008, the most recent data available.

2. Section Number: Form8 I. Unduplicated Count By Race

Field Name: DeliveriesTotal_RaceOther Row Name: Total Deliveries in State Column Name: Other and Unknown

Year: 2011 Field Note:

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

3. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All Row Name: Title V Served Column Name: Total All Races

Year: 2011 Field Note:

This category includes pregnant women served by the EI Partnership Programs (443). This number is very small compared to other MCH population categories. This is because Title V Federal-State Partnership funds are not used to provide the important services that the Commonwealth provides to pregnant women, virtually all of whom are covered with either private insurance, MassHealth (up to 300% of poverty), or Healthy Start (the state's public coverage for low income women not eligible for Medicaid). WIC serves almost 40,000 pregnant women annually. Other primary care and supportive services through community health centers are also covered through other funding streams. Title V funds support quality assurance, provider training, population-based outreach, and other non-client specific services and initiatives.

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column H with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category.

4. Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All Row Name: Eligible for Title XIX Column Name: Total All Races

Year: 2011 Field Note:

Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2008, the most recent available.

5. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All Row Name: Total Infants in State Column Name: Total All Races

Year: 2011 Field Note:

Number of infants is estimated based on 2007 resident births.

6. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_RaceOther Row Name: Total Infants in State Column Name: Other and Unknown

Year: 2011 Field Note:

"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.

7. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_All Row Name: Title V Served Column Name: Total All Races

Year: 2011 Field Note:

The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of at least 13,738 infants with special health needs were served in Early Intervention, Care Coordination/Family Support, EIPP, Newborn Hearing Positives Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.

8. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All Row Name: Eligible for Title XIX Column Name: Total All Races

Year: 2011 Field Note:

Estimated based on source of payment for deliveries in 2007, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.

9. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalHispanic

Row Name: Total Deliveries in State Column Name: Total Hispanic or Latino

Year: 2011 Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

10. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic Row Name: Title V Served Column Name: Total Hispanic or Latino

Year: 2011 Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL) [Secs. 505(A)(E) AND 509(A)(B)] STATE: MA

FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437
Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)	Family TIES (Together in Enhancing Support)
Sara Miranda	Sara Miranda	Sara Miranda	Sara Miranda	Sara Miranda
(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210
smiranda@fcsn.org				
0	0	5,129	4,224	3,527
	(800) 905-8437 Family TIES (Together in Enhancing Support) Sara Miranda (617) 236-7210 smiranda@fcsn.org	(800) 905-8437 (800) 905-8437 Family TIES (Together in Enhancing Support) Family TIES (Together in Enhancing Support) Sara Miranda Sara Miranda (617) 236-7210 (617) 236-7210 smiranda@fcsn.org	(800) 905-8437 (800) 905-8437 (800) 905-8437 Family TIES (Together in Enhancing Support) Family TIES (Together in Enhancing Support) Family TIES (Together in Enhancing Support) Sara Miranda Sara Miranda Sara Miranda (617) 236-7210 (617) 236-7210 (617) 236-7210 smiranda@fcsn.org	(800) 905-8437 (800) 905-8437 (800) 905-8437 (800) 905-8437 Family TIES (Together in Enhancing Support) Sara Miranda Sara Miranda Sara Miranda Sara Miranda (617) 236-7210 (617) 236-7210 (617) 236-7210 smiranda@fcsn.org (617) 236-7210 (617) 236-7210

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM [Secs. 505(A)(E) AND 509(A)(B)] STATE: MA

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
State MCH Toll-Free "Hotline" Telephone Number	(800) 882-1435	(800) 882-1435	(800) 882-1435	(800) 311-2229	(800) 311-2229
2. State MCH Toll-Free "Hotline" Name	Community Support Line	Family/Community Support Line	Family/Community Support Line	MCH Resource Line	MCH Resource Line
3. Name of Contact Person for State MCH "Hotline"	Ana Sanchez	Ana Sanchez	Ana Sanchez	Eileen Carranza	Eileen Carranza
Contact Person's Telephone Number	617) 624-5955	(617) 624-5955	(617) 624-5955	(617) 624-5591	(617) 624-5971
5. Contact Person's Email	ana.sanchez@state.ma.u	ana.sanchez@state.ma.u			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1,666	1,699	1,473

None

FIELD LEVEL NOTES

 Section Number: Form9_Main Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY Year: 2011 Field Note:

The Community Support Line (800-882-1435) is staffed by Community Resource Specialists (including bilingual staff) during regular business hours and was initially established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. In FY09, a total of 1,666 calls were recorded, from parents (849), providers (599), and others (218).

Because we can only change the information shown on Form 9 about the line's name, number, or contact person for FY11, the Form is confusing this year (as it was last year as well). The volume numbers reported for FY07 and FY08 are the newly designated Community Support Line, not the MCH Resource Line.

The Community Support Line is currently promoted as the entry point and general resource for families for MCH needs and programs, especially for CYSHCN. All staff working on the Community Support Line receive additional training to better respond to calls specific to MCH concerns.

The MCH Resource Line (800-311-2229) still exists and is the official transfer number for calls transferred from the national MCHB line; as such, it has received no transferred calls for several years. The number is being used primarily to field calls for the PRAMS (Pregnancy Risk Assessment Monitoring System). Women who have received surveys and have questions, or have received a phone call are able to call into this number to receive additional information about PRAMS, or ask clarifying questions once they receive a survey form. It will continue in this capacity.

It also serves as a contact number for FOR Families clients – families who have applied for Emergency Assistance (EA) because they have lost housing for a variety of reasons. These families are placed in temporary shelter, often in motels in communities that are new to them. The MCH line is a way that they can contact the program for assistance. Calls are forwarded to program staff who respond to the families' questions.

Section Number: Form9_Mair

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY Year: 2009 Field Note:

The number of calls reported relate to the Community Support Line, not the MCH Resource Line. See above note for more information on the change.

3. Section Number: Form9_Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY Year: 2011 Field Note:

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff. The 5,129 calls in FY09 represent another increase of 21% from FY08. The line continues to also serve as the Central Directory for Early Intervention services and information.

FORM 10 TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT **STATE PROFILE FOR FY 2011** [SEC. 506(A)(1)]

STATE: MA

1. State MCH Administration:

The Massachusetts Title V Maternal and Child Health Services Block Grant Program is primarily located within the Bureau of Family Health and Nutrition (BFHN), Massachusetts Department of Public Health. The Bureau Director, Ron Benham is the Title V Director for the Commonwealth. This Bureau includes perinatal and early childhood programs/initiatives, the Children and Youth with Special Health Needs (CYSYCN) Program, WIC and Early Intervention (Part C, IDEA). After a reorganization within the Department, a number of Title V supported programs are located in our sister Bureau, Community Health Access and Promotion (BCHAP), including family planning services, teen pregnancy prevention programs, school health programs, oral health, injury control and violence prevention programs. BCHAP also includes a number of primary care/health access, wellness, and chronic disease prevention and health promotion programs with which we work closely on cross-cutting health issues. The BFHN actively works to improve and to protect the health and well-being of women, children and families to achieve their optional development and health outcomes. It does this by: providing and expanding family-centered services and accessible systems of care; identifying and responding to the diverse cultural and changing needs of MA communities; partnering within the Bureau and with families, communities, and other public and private organizations and groups; advocating for resources to address unmet needs and to assure quality services; developing and implementing policy and innovative programs; monitoring health status and program effectiveness; and motivating and educating the public. The Bureau has set priorities for the current year through a Balanced Scorecard process: standardize systems to monitor and track progress, with outcomes, targets and milestones specified for all programs; enhance and integrate data systems and use data to inform practice outcomes; identify health disparities and target services to reduce health disparities and serve those most in need; monitor, evaluate and manage increase in external demand; and focus and align efforts to support systems of care well before, during and after pregnancies. A particular focus is to expand the capacity of the CYSHCN Program and its resources, building an informed, engaged constituency and supporting and enhancing collaborations within the Bureau and with other bureaus and agencies.

Block Grant Funds

<u> Biosk Grant Fanas</u>	
2. Federal Allocation (Line 1, Form 2)	\$ 11,606,516
3. Unobligated balance (Line 2, Form 2)	\$ 643,484
4. State Funds (Line 3, Form 2)	\$ 49,430,150
5. Local MCH Funds (Line 4, Form 2)	\$0
6. Other Funds (Line 5, Form 2)	\$ <u> </u>
7. Program Income (Line 6, Form 2)	\$0
8. Total Federal-State Partnership (Line 8, Form 2)	\$61,680,150
9. Most significant providers receiving MCH funds:	Early Intervention service provider
	local school districts and publid health agencie
	regional poison control cente
	community heatlh center
10. Individuals served by the Title V Program (Col. A, Form 7)	
a. Pregnant Women	39,759
b. Infants < 1 year old	61,056
c. Children 1 to 22 years old	526,170
d. CSHCN	39,205

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

e. Others

Primary and Preventive Care: With expansion of health insurance coverage, all adults and all children have access to some level of coverage either through expanded Medicaid, SCHIP, Children's Medical Security Plan, or employer, individual or family insurance coverage. Title V in Massachusetts continues to provide wrap-around services and services not covered by private or public insurance. This includes family planning services, MCH home visiting services, school-based health centers, and oral health services through community-based providers and agencies. Services for women and adolescents with substance use problems have been redesigned and are in place. Programs for homeless families in shelters include comprehensive health assessments and care coordination. Performance measures are in place for all service programs. CYSHCN: Title V continues to provide, either directly or indirectly, care coordination, family support, newborn hearing screening, early intervention services (to over 30,000 children ages birth to three), pediatric palliative care, and other specialized services for families and children with special needs. Strong, multifaceted outreach and assistance programs have been developed and are offered to families in obtaining benefits and services for which they are eligible. A focus has been on promoting and establishing the medical home model through the placement of care coordinators within primary care pediatric practices. Regionally-based services also provide care coordination, advocacy, referral and insurance enrollment for children with special needs who are not within practices with a DPH care coordinator. The Title V program is actively involved with the state Medicaid program and Department of Mental Health in the implementation of universal behavioral screening for all children on Medicaid at each EPSDT visit. The assessment for children, using the CANS, is in place for older children. The Title V program through the Early Childhood program has been involved in implementation of screening initiatives for children under 5 and is directly involved in the development, training and implementation of the CANS tool for the under 5 population.

69,408

b. Population-Based Services:

(max 2500 characters)

Universal Newborn Screening: Integrated data systems and services linking universal newborn hearing, blood spot, birth defects, and risk identification screening continue under active development and implementation. Newborn Blood Screening now includes routine screening for 30 conditions. School Health: Medication administration guidelines have been developed and implemented, along with policies for the management of allergic reactions. Efforts to address healthy weight (through both BMI measurement and policies) are expanding, as is attention to emergency preparedness. Teen Pregnancy: Evidenced-based models for teen pregnancy prevention in high-risk communities are well established in 15 communities. Statewide Regional Consultation Programs (RCPs) offer assistance to EI, school systems, and birth-to-three child serving agencies in providing care to children with complex medical and technology needs. The Pediatric Palliative Care program used the RCPs to increase outreach and referrals

substantially this year. Revisions to Perinatal Hospital Licensure regulations have created a statewide referral network assuring mothers and infants receive services at appropriate levels of care. Other Population-Based Services: The Title V Partnership supports a Regional Poison Control Center; lead poisoning screening; SIDS and bereavement counseling; rape crisis centers; oral health screenings; basic school health services; injury prevention and child passenger safety; suicide prevention; promotion of childhood immunization; and a statewide system of Pediatric SANE (Sexual Assault Nurse Examiner) services through Child Advocacy Centers. A variety of tobacco control efforts target youth (including enforcement of laws against sales to minors) and seek to increase smoke-free environments (including efforts to reduce smoking during pregnancy). Emphasis is placed on screening and early identification of violence, depression, substance use, and risk factors for chronic diseases, along with the integration of programs across federal categorical grants, other state agencies, and private payers and providers. Working with a legislative commission on racial disparities, programs are increasing efforts to address racial disparities. The Safe Sleep Initiative has begun to examine data related to SUID and draft a consistent message on safe infant sleep.

c. Infrastructure Building Services:

(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities are to continue efforts to integrate and link key data systems, program information and billing systems. A data sharing agreement to link key data for the first time across EOHHS agencies continues to be developed. When this occurs, it will be possible to link MDPH data with Medicaid data for the first time. Activities are underway across bureaus and with the city of Boston to create a new shared HIV data system. The Pregnancy to Early Life Longitudinal (PELL) data system, a cooperative project with DPH, BU School of Public Health, and the CDC, follows mothers and infants longitudinally beginning at birth through early childhood. Files already linked include birth certificate, hospital discharge data, Early Intervention, birth defects, newborn screening programs, and WIC. PRAMS: Massachusetts is now fully implementing its first PRAMS grant from CDC and PRAMS data are integrated into Title V reporting. Youth Surveys: Massachusetts currently carries out both a Youth Risk Behavior Survey (YRBS) and a Massachusetts Youth Health Survey. The surveys are coordinated and administered together in alternate years to maintain good participation and to improve the data consistency and timeliness. Active use of the state's BRFSS for MCH-related questions and tracking continues. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. A Review of Infant Mortality (RIM) has been established. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, healthy weight and physical activity, substance abuse, and violence and injury prevention. The New Parent Initiat

12. The prim	ary Title V Program contact person:	13. The childre	n with special health care needs (CSHCN) contact person:
Name	Ron Benham	Name	Ron Benham
Title	Director, Bureau of Family Health & Nutrition	Title	Bureau of Family Health & Nutrition
Address	Mass Dept of Public Health, 250 Washington St.	Address	Mass Dept of Public Health, 250 Washington St.
City	Boston	City	Boston
State	MA	State	MA
Zip	02108	Zip	02108
Phone	(617) 624-5901	Phone	(617) 624-5901
Fax	(617) 624-6062	Fax	(617) 624-6062
Email	ron.benham@state.ma.us	Email	ron.benham@state.ma.us
Web		Web	

FORM NOTES FOR FORM 10
None

FIELD LEVEL NOTES

None

TRACKING PERFORMANCE MEASURES

[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: MA

Form Level Notes for Form 11

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

ewborn screening programs.					
		Annual C	Objective and Perform	nance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	99.2	100.0
Numerator	131	102	115	119	149
Denominator	131	102	115	120	149
Data Source				New Eng Regional Newborn Screening Program	New Eng Regional Newborn Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
		Annual C	Objective and Perforn	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator Numerator Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01 **Row Name:** Column Name: Year: 2009 Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2009. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Effective February 2009, Massachusetts screened every newborn for 30 disorders (an expansion under new state regulations from 10); these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening). The 30 conditions are listed below; the previous ten mandated ones are asterisked (*):

- (1) Argininemia (ARG)
- (2) Argininosuccinic acidemia (ASA)
- (3) ß-Ketothiolase deficiency (BKT)
- (4) Biotinidase deficiency (BIOT)
- (5) Carbamoylphosphate synthetase deficiency (CPS)
- (6) Carnitine uptake defect (CUD)
- (7) Citrullinemia (CIT)
- (8) Congenital adrenal hyperplasia (CAH) *
- (9) Congenital hypothyroidism (CH) *
 (10) Congenital toxoplasmosis (TOXO) *
- (11) Cystic fibrosis (CF)
- (12) Galactosemia (GALT)
- (13) Glutaric acidemia type I (GAI)
- (14) Homocystinuria (HCY)
- (15) 3-hydroxy-3-methyl glutaric aciduria (HMG)
- (16) Isovaleric acidemia (IVA)
- (17) Long-chain L-3-OH acyl-CoA dehydrogenase deficiency (LCHAD)
- (18) Maple syrup disease (MSUD)
- (19) Ornithine transcarbamylase deficiency (OTC)
- (20) Phenylketonuria (PKU) 3
- (21) Sickle cell anemia (Hb SS)
- (22) Hb S/C disease (Hb SC)
- (23) Hb S/ß-thalassemia (Hb S/ßTh) *
- (24) Medium-chain acyl-CoA dehydrogenase deficiency (MCAD) *
- (25) Methylmalonic acidemia: mutase deficiency (MUT) (26) Methylmalonic acidemia: cobalamin A, B (Cbl A,B)
- (27) Methylmalonic acidemia: cobalamin C,D (Cbl C,D)
- (28) Propionic acidemia (PROP)
- (29) Tyrosinemia type I (TYR I)
- (30) Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2009, the total of 149 confirmed cases from mandated screening receiving treatment included 7 with PKU, 65 with Congenital Hypothyroidism, 1 with Galactosemia, 26 with Sickle cell disease (Hb SS), 8 with Hemoglobin S/C disease (Hb SC), 22

with Cystic Fibrosis, 1 with Congenital Toxoplamosis, 3 with Congenital Adrenal Hyperplasia, 6 with MCAD, 5 with VCLAD, 1 with Carnitine uptake deficiency (CUD), 1 with Homocystinuria, 1 with Ornithine transcarbamylase deficiency, 1 with Methylmalonic acidemia: mutase deficiency, and 1 with Methylmalonic acidemia: cobalamin C,D (Cbl C,D). Of these newborns with abnormal results, 17 were also identified with metabolic by-products of the mandatory screens and received appropriate treatment (11 SCAD, 5 3MCC, and 1 Hypermethioninemia).

See the Newborn Screening Program brochure attached to the NPM #01 narrative for further information about the conditions and program.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01 Row Name: Column Name: Year: 2008 Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2008. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. In 2008, Massachusetts screened every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2008, the total of 120 confirmed cases from mandated screening receiving treatment included 6 with PKU, 65 with Congenital Hypothyroidism, 1 with Galactosemia, 35 with Sickling Disorders, 3 with Congenital Toxoplamosis, 4 with Biotinidase Deficiency, 5 with Congenital Adrenal Hyperplasia, and 1 with MCAD.

Due to unusual circumstances in 2008, one baby with sickling disease is not counted as being under treatment. This baby was lost to follow-up. We believe the family moved back to Haiti but could not track the family and infant to determine if proper follow-up is occurring.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01 Row Name: Column Name: Year: 2007 Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2007. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2007, the total of 115 confirmed cases from mandated screening receiving treatment included 2 with PKU, 52 with Congenital Hypothyroidism, 1 with Galactosemia, 48 with Sickling Disorders, 2 with Congenital Toxoplamosis, 3 with Biotinidase Deficiency, 6 with Congenital Adrenal Hyperplasia, and 1 with MCAD.

PERFORMANCE MEASURE # 02					
The percent of children with special health care needs age 0 to 18 year (CSHCN survey)	ars whose families p	artner in decision ma	aking at all levels and	are satisfied with the s	ervices they receive.
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	70	70	72	59	60
Annual Indicator	57.1	57.1	57.1	57.1	57.1
Numerator					
Denominator					
Data Source				NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	61	63	65	65	67
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2009 Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2008 Field Note:

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2007 Field Note:

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 52.8-61.3; 2001 CI: 56.4-72.5). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure was 57.4 (CI: 56.5-58.2) for 2005-2006, and the comparable national figure for earlier years was 57.5 (CI: 56.0-59.0).

PERFORMANCE MEASURE # 03					
The percent of children with special health care needs age 0 to 18 wh	o receive coordinate	ed, ongoing, comprel	nensive care within a r	medical home. (CSHC	N Survey)
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	65	65	67	47	49
Annual Indicator	45.7	45.7	45.7	45.7	45.7
Numerator					
Denominator					
Data Source				NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	51	53	55	57	60
Annual Indicator					
Denominator					

1. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2009 Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re non-comparability to pre-2005 data.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2008 Field Note:

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re non-comparability to pre-2005 data.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2007 Field Note:

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Questions used for the 2005-2006 survey changed substantially and results cannot be compared to 2004 or earlier. The comparable national figure was 47.1% (CI: 46.3-48.0) for 2005-2006. The CI for Massachusetts for 2005-06 was 41.4-50.0, suggesting no statistical difference between Massachusetts and the nation.

PERFORMANCE MEASURE # 04					
The percent of children with special health care needs age 0 to 18 wh Survey)	ose families have a	dequate private and/o	or public insurance to	pay for the services th	ey need. (CSHCN
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	70	64	65
Annual Indicator	63.1	63.1	63.1	63.1	63.1
Numerator					
Denominator					
Data Source				NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	75	75	80	80	85
Annual Indicator Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2009 Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 for additional information.

Based on assumptions of the continued progress of health care reform in Massachusetts and nationally, we continue to project significant improvements over time.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2008 Field Note:

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 for additional information.

Based on assumptions of the continued progress of health care reform in Massachusetts and nationally, we are projecting a larger improvement by 2013.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2007 Field Note:

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 59.0-67.2; 2001 CI: 60.1-70.1). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts was also comparable to the nation at the time of the survey. The national figure was 62.0 (CI: 61.2-62.8) for 2005-2006, and the comparable national figure for earlier years is 59.6 (CI: 58.7-60.5).

families report the o	community-based se	ervice systems are orga	nized so they can use	them easily. (CSHCN
	Annua	l Objective and Perfor	rmance Data	
2005	2006	2007	2008	2009
80	81	81	87.6	89.2
87.6	87.6	87.6	87.6	87.6
			NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)
			Provisional	Provisional
	<u>Annua</u>	I Objective and Perfor	rmance Data	
2010	2011	2012	2013	2014
89.2	90	90	91	91
	2005 80 87.6	2005 2006 80 81 87.6 87.6 87.6 Annua 2010 2011	Annual Objective and Performance 2005 2006 2007 80 81 81 87.6 87.6 87.6 Annual Objective and Performance 2010 2011 2012	80 81 81 87.6 87.6 87.6 87.6 87.6 NS-CSHCN, 2005-2006 (part of NCHS/SLAITS) Provisional Annual Objective and Performance Data 2010 2011 2012 2013

1. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2009 Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re noncomparability of data to 2004 and earlier.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2008 Field Note:

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re noncomparability of data to 2004 and earlier.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2007 Field Note:

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering or questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts was 84.7-90.5; for the nation, it was 88.6-89.6 (point estimate 89.1). The CI's overlap; there was no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

PERFORMANCE MEASURE # 06					
The percentage of youth with special health care needs who received and independence.	the services necess	sary to make transition	ns to all aspects of ad	ult life, including adult	health care, work,
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	15	46.6	47
Annual Indicator	46.6	46.6	46.6	46.6	46.6
Numerator					
Denominator					
Data Source				NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005- 2006 (part of NCHS/SLAITS)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	48	49	50	50	51
Annual Indicator Numerator Denominator					
Denominator					

1. Section Number: Form11 Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2009 Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re noncomparability of data to 2004 and earlier.

Improving transitions to adulthood - and the adult health care system - especially for CYSHCN remains a priority for MDPH.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2008 Field Note:

There are no updated state-level data for 2008. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2007 re noncomparability of data to 2004 and earlier.

Improving transitions to adulthood - and the adult health care system - is a priority for MDPH for all children.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2007 Field Note:

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering or questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts was 39.8-53.4; for the nation, it was 40.0-42.5 (point estimate 41.2). The CI's overlap, indicating no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

Annual Indicator 91.3 89.2 88.3 84.1 87.3 Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014					Annual C	bjective and Perfo	rmance Data			
Annual Indicator 91.3 89.2 88.3 84.1 87.3 Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014		2005		2006		2007	2008		2009	
Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014	Annual Performance Objective		88.1		91.3	90		89		84.1
Denominator Data Source CDC, NIS CDC, NIS	Annual Indicator		91.3		89.2	88.3		84.1		87.7
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014	Numerator									
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014	Denominator									
1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Objective and Performance Data 2010 2011 2012 2013 2014	Data Source		<u>.</u>				CDC, NIS		CDC, NIS	
Is the Data Provisional or Final? Final Final Annual Objective and Performance Data 2010 2011 2012 2013 2014	There are fewer than 5 events over the last year, and The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.									
2010 2011 2012 2013 2014							Final		Final	
					Annual C	bjective and Perfo	rmance Data			
Annual Performance Objective 88 89 89 90 90		2010		2011		2012	2013		2014	
	Annual Performance Objective		88		89	89		90		90
	Numerator									

1. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2009 Field Note:

DEDECORMANCE MEASURE # 07

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0809.htm. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Our fully immunized rate improved in 2008-2009 after 2 years of slipping slightly and Massachusetts had the highest rate in the country, well above the national average of 75.0%. However, the rate remains below what it was in FY05 and our performance targets remain adjusted.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2008 Field Note:

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0708.htm. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Our fully immunized rate dropped again in 2007-2008. Although Massachusetts continues to have a very high rate well above the national average of 79.8%, it is now only ranked #5, down from second in the country last year. Future year Objectives have been adjusted downward to reflect the intensified work needed to improve follow-up and completion rates.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2007 Field Note:

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at http://www.cdc.gov/nip/coverage/default.htm; Table 09. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Although our fully immunized rate dropped slightly in 2007, Massachusetts continues to have a very high rate (second best in the country after New Hampshire) and well above the national average. However, increased parental resistance to some immunizations has led us to adjust our future year Objectives slightly downward to more realistic levels.

PERFORMANCE MEASURE # 08					
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.					
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	12	11.5	11	10.5	11
Annual Indicator	11.5	10.4	11.5	9.9	9.9
Numerator	1,440	1,379	1,543	1,361	
Denominator	125,294	132,803	134,644	136,965	
Data Source				Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
			Objective and Perfor		
	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	10
Annual Indicator Numerator					
Denominator	,				

1. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate to that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

Outyear Performance Objectives have been adjusted to reflect a leveling off of the rate, particularly in light of the effect of continued budget cuts to teen pregnancy prevention and family planning services.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2008 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2008. This is the most recent year of data available.

The 2008 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19. Because the denominator is an estimate from an estimate, we consider the rate to still be "provisional."

Outyear Performance Objectives have been adjusted to reflect a leveling off of the rate, particularly in light of the effect of state FY09 budget cuts to teen pregnancy prevention and family planning services that are not expected to rebound quickly.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2007 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2007.

The 2007 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

PERFORMANCE MEASURE # 09					
Percent of third grade children who have received protective sealants	on at least one per	manent molar tooth.			
		<u>Annua</u>	I Objective and Perfo	rmance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	62.2	61	63	66.5	68
Annual Indicator	59.4	64.6	66.2	67.4	63
Numerator					
Denominator					
Data Source				Mass. BRFSS	Mass. BRFSS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annua</u>	I Objective and Perfo	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	65	66	67	69	70
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2009 Field Note:

The data for 2009 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18. The estimated percentage fell in the 2009 survey, but the 95% Confidence Interval of 57.9% to 68.1% indicates that the rate remains not statistically different from the previous finding. However, projections through 2014 have been adjusted.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2008 Field Note:

The data for 2008 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18.

Outyear Performance Objectives have been raised slightly, to reflect continued improvement in these results.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2007 Field Note:

The data for 2007 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18. The survey rates within various socioeconomic categories (preliminary data) continue to show consistently higher rates of sealants as family income rises: 49.8 % (C.I. 36.2% – 63.3%) at under \$25,000 compared with 75.1 % (C.I. 69.0% – 81.2%) at over \$75,000).

PERFORMANCE MEASURE # 10					
The rate of deaths to children aged 14 years and younger caused by	motor vehicle crashe	es per 100,000 childre	en.		
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.3	1.2	0.8	0.7	0.7
Numerator	16	14	9	8	
Denominator	1,214,584	1,202,482	1,188,128	1,148,340	
Data Source				Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
	2010	Annual C	Objective and Perfor 2012	mance Data 2013	2014
Annual Performance Objective	0.7	0.7	0.7	0.7	0.7
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a rate in line with historical trend data, accounting for the possibility that the 2008 3-year average may be overly affected by two years' unusually low numerators. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2006 - 2008. This includes the most recent year of data available. Rates are calculated as rolling 3-year averages. (I.e. the 2008 numerator is the sum of the 2006, 2007 and 2008 numbers of deaths (12, 5, and 6) respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation.

3. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2007 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. Rates are calculated as rolling 3-year averages. (I.e. the 2007 numerator is the sum of the 2005, 2006 and 2007 numbers of deaths (10, 12, and 5) respectively and the denominator is the sum of the Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

PERFORMANCE MEASURE # 11							
he percent of mothers who breastfeed their infants at 6 months of ag	e.						
		Annual (Objective and Perfor	mance Data			
	2005	2006	2007	2008	2009		
Annual Performance Objective		40	45	42	45		
Annual Indicator	38.8	42.7	47	44.2	50.1		
Numerator							
Denominator							
Data Source		CDC's 2006 National Immunization Survey		CDC, NIS	CDC, NIS		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)							
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional		
Annual Objective and Performance Data							
	2010	2011	2012	2013	2014		
Annual Performance Objective	50.2	50.5	51	51.5	52		
Annual Indicator Numerator Denominator							

1. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2009 Field Note:

Data Source: CDC National Immunization 2009 Survey Provisional data (for the 2007 birth cohort). (www.cdc.gov/breastfeeding/data/NIS_data/index.htm). Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2007 (Hence the date on the reference source). They are provisional data, as CDC will continue to interview this cohort through November, 2010; final estimates for 2007 births will be available in August of 2011.

The data indicate a rate of breastfeeding at 6 months of 50.1% (plus or minus 7.6%) and a rate of ever breastfeeding of 77.6% (plus or minus 7.3%). These compare favorably with provisional national average rates of 43.0% and 75.0%, although they remain well below HP 2010 targets. The state rates for exclusive breastfeeding at 3 months and 6 months were 37.9% (+ or - 7.3) and 20.5% (+ or - 6.1 and up from 13.8% in 2006) respectively; the comparable provisional national rates are 33.0% and 13.3%. This pattern indicates no statistically significant changes in Massachusetts from the 2006 birth cohort data (see 2008 Note). Differences between any of the Massachusetts rates and the national ones remain statistically insignificant, with overlapping confidence intervals, although exclusive breastfeeding at 6 months is approaching a significant diffference.

Massachusetts 2008 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge indicated a rate of 80.8%, up slightly from 2007.

2009 Massachusetts PedNSS data about breastfeeding among WIC participants are also now available. The breastfeeding rate at 6 months was 28.3% in 2009, up slightly from 27.3% in 2008.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2008 Field Note:

Data Source: CDC National Immunization 2008 Survey Provisional data (for the 2006 birth cohort). (www.cdc.gov/breastfeeding/data/NIS_data/index.htm). Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2006 (Hence the date on the reference source). They are now final estimates.

The data indicate a rate of breastfeeding at 6 months of 44.2% (plus or minus 6.2%) and a rate of ever breastfeeding of 77.5% (plus or minus 5.9%). These compare with final national average rates of 43.5% and 74.0%. The final state rates for exclusive breastfeeding at 3 months and 6 months were 37.6% (+ or – 6.0) and 13.8% (+ or – 4.3) respectively; the comparable provisional national rates were 33.6% and 14.1%. This pattern indicates no statistically significant changes in Massachusetts from the 2005 birth cohort data (see 2007 Note). Differences between any of the Massachusetts rates and the national ones remain statistically insignificant, with overlapping confidence intervals.

The NIS survey data for initiating breastfeeding compare closely with data from our 2006 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge of 79.9%.

2008 Massachusetts PedNSS data about breastfeeding among WIC participants are now available. The breastfeeding rate at 6 months was 27.3% in 2008, up from 26.2% in 2006.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2007

Field Note:
Data Source: CDC National Immunization 2007 Survey data (for the 2005 birth cohort).

Because they are survey data, there are no numerator or denominator values. These data report breastfeeding rates for children born in 2005 (Hence the date on the reference source). They are final data.

The data indicate a rate of breastfeeding at 6 months of 47.0% (plus or minus 6.7%) and a rate of ever breastfeeding of 78.9% (plus or minus 5.8%). These compare with national average rates of 42.9% and 74.1%. The state rates for exclusive breastfeeding at 3 months and 6 months were 37.6% (+ or – 6.5) and 14.0% (+ or – 4.8) respectively; the comparable national rates were 32.1% and 12.3%. This pattern indicates improvements from the previous survey in Massachusetts for ever breastfeeding, breastfeeding at 6 months, and exclusive breastfeeding at both 3 and 6 mos., and with all those rates slightly higher than national trends. However, differences between any of the Massachusetts rates and the national ones remain statistically insignificant, with overlapping confidence intervals.

The NIS survey data for initiating breastfeeding compare closely with data from our 2005 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge of 79.3%

The newly initiated Massachusetts PRAMS survey finalized data for 2007 indicate that 81.5% of women initiated breastfeeding, and 62.4% were still breastfeeding at 8 weeks.

PERFORMANCE MEASURE # 12						
Percentage of newborns who have been screened for hearing before	hospital discharge.					
			Annual C	Objective and Perfor		
	2005	2006		2007	2008	2009
Annual Performance Objective	99.9		99	99.8	98.8	98.8
Annual Indicator	98.9		98.9	98.8	99.1	98.9
Numerator	76,991		77,656	77,762	76,817	74,986
Denominator	77,841		78,511	78,724	77,546	75,850
Data Source					Vital Records &. Child Hearing Data System	Vital Records &. Child Hearing Data System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
			Annual C	Objective and Perfor	mance Data	
	2010	2011		2012	2013	2014
Annual Performance Objective	99		99.2	99.4	99.6	99.6
Annual Indicator						
Numerator						
Denominator	•					

1. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2009 Field Note:

Pre-discharge screening rates as tracked by the Childhood Hearing Data System (CHDS). Using birth data before their final de-duplication, cleaning and release ("closed" 2009 birth data will not be available until winter 2011) makes the reported data preliminary or provisional. The UNHSP preliminary numerator and estimated denominator are reported here and will be updated at a later date.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening, infants who die prior to screening, and unknown/missed screens. See notes for 2008 for more details. Our goal – which is reflected in our performance objectives through 2014 -- is to continue to reduce the unknown/missed number to close to zero, leaving only refusals and deaths prior to screening as unscreened.

2. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2008 Field Note:

Pre-discharge screening rates as tracked by the Childhood Hearing Data System (CHDS). The 2008 data have been updated based on final, "clean" screening data and the closed 2008 birth file.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (22 in 2008), infants who died prior to screening (327 in 2008) and unknown/missed screens (380 in 2008).

The majority of those not screened are unknown or missed screens, including those missed due to transfers. Our goal – which is reflected in our performance objectives through 2013 -- is to reduce the unknown/missed number to close to zero, leaving only refusals and deaths prior to screening as unscreened. The number of unknown/missed screens was much lower in 2008 than in 2007.

3. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2007 Field Note:

Pre-discharge screening rates are reported initially by the Childhood Hearing Data System (CHDS). The 2007 data have been updated based on final, "clean" screening data and the closed 2007 birth file.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (30 in 2007), infants who died prior to screening (284 in 2007) and unknown/missed screens (648 in 2007).

PERFORMANCE MEASURE # 13					
Percent of children without health insurance.					
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	3	2.5	2	2	1.2
Annual Indicator	3.2	2.5	2.3	1.2	1.9
Numerator					
Denominator					
Data Source				MA Div. of Hlth Care Finance & Policy survey	MA Div. of Hlth Care Finance & Policy survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2009 Field Note:

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). "Health Insurance Coverage in Massachusetts: Estimates from the 2009 Massachusetts Health Insurance Survey;" Powerpoint summary presentation, October 2009. (www.mass.gov/dhcfp) The 2009 estimated uninsured rate for children (under age 19) of 1.9% (95% CI plus or minus 1.2 percentage points) is not significantly different from the 2008 estimate of 1.2% (same CI).

The impact of the Massachusetts Health Care Reform Law is clearly demonstrated in the low % of uninsured children. Our out year Performance Objectives have been adjusted again accordingly.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2008 Field Note:

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). "Health Insurance Coverage in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey;" Updated Powerpoint summary presentation, March 2009. (www.mass.gov/dhcfp)

The impact of the Massachusetts Health Care Reform Law is clearly demonstrated in the continued reduction in the % of uninsured children. Our outyear Performance Objectives have been adjusted again accordingly.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2007 Field Note:

Data source: 2007 household survey of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP). "Massachusetts Household Suvey on Health Insurance Status, 2007;" Powerpoint summary presentation released, July, 2008. (www.mass.gov/dhcfp)

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which includes questions on insurance coverage for household members under the age of 18. These questions are also asked every year. The 2007 BRFSS survey reported a rate of 1.1% (confidence interval of .4% - 1.9%), unchanged from the previous year. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but both surveys have demonstrated similar trends.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we have set Performance Objectives reflecting a further drop in the rate, although with a higher residual uninsured percentage than previously projected. We will continue to monitor and adjust these projections as needed, as the economic downturn affects more families and federal decisions on Medicaid policy (e.g. the maximum FPL that can be covered) and the Massachusetts Medicaid waiver may affect the insurance situation for children.

		1	Annual O	bjective and Perform	mance Data	
	2005	2006		2007	2008	2009
Annual Performance Objective			34	34	34	33.5
Annual Indicator	34.1		34	33.8	33.5	33.5
Numerator						
Denominator						
Data Source					Mass. WIC Program data	Mass. WIC Program data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
		1	Annual O	bjective and Perfo	mance Data	
	2010	2011		2012	2013	2014
Annual Performance Objective	33		33	32	32	32
Annual Indicator Numerator						

1. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2009 Field Note:

Data Source: Calendar year 2009 Massachusetts WIC Program PedNSS data are not yet available from the CDC report. We have estimated a rate similar to 2008.

2. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2008 Field Note:

Data Source: Final calendar year 2008 Massachusetts WIC Program PedNSS data, from the CDC report. The rate has again dropped slightly from the previous year.

3. Section Number: Form11_Performance Measure #14 Field Name: PM14 Row Name:

Field Name: PM1 Row Name: Column Name: Year: 2007 Field Note:

Data Source: Final calendar year 2007 Massachusetts WIC Program PedNSS data, from the CDC report. The rate has dropped slightly from the previous year.

PERFORMANCE MEASURE # 15						
Percentage of women who smoke in the last three months of pregnan	cy.					
		<u> </u>	nnual O	bjective and Perfor	mance Data	
	2005	2006		2007	2008	2009
Annual Performance Objective			6	6	9	9
Annual Indicator	6		6	9.2	9.3	9.3
Numerator						
Denominator						
Data Source					Mass. PRAMS	Mass. PRAMS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	Provisional
		A	nnual O	bjective and Perfor	mance Data	
	2010	2011		2012	2013	2014
Annual Performance Objective	9.3		9.3	9.3	9.3	9.3
Annual Indicator						
Numerator						
Denominator						

1. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2009 Field Note:

Data Source: Massachusetts PRAMS. 2009 PRAMS data are not yet available. We have estimated a similar rate to that for 2008 (also estimated).

2. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2008 Field Note:

Data Source: Massachusetts PRAMS. 2008 PRAMS data are not yet available. We have estimated a slight improvement based on the 2007 data.

3. Section Number: Form11 Performance Measure #15

Field Name: PM15
Row Name:
Column Name:
Year: 2007
Field Note:

Data Source: Massachusetts PRAMS. This is the first PRAMS data available in the state. MA PRAMS sampled women who were Massachusetts residents and delivered a live-born infant within the state, including infants who died after delivery and multiples up to triplets. In 2007, 9.2% of women smoked cigarettes during the last 3 months of pregnancy (95% CI: 6.8 – 11.5) according to PRAMS. Among the same population of women, 6.6% reported on the birth certificate that they had smoked cigarettes at any time during pregnancy (95% CI: 4.5 – 8.7). Among all PRAMS states, MA has the third lowest prevalence of cigarette smoking during the last 3 months of pregnancy (most recent national PRAMS data available is 2003).

Differences between these initial PRAMS survey data and the smoking during pregnancy data from the birth certificate (see State Performance Measure #02) are being analyzed. The PRAMS data suggested higher rates of smoking during pregnancy than reported from the birth files (although the wide confidence intervals for both overlap). This external validation source (PRAMS) may result in further efforts to improve the quality and reliability of the birth certificate data in future years.

In the interim, we have adjusted our future performance objectives to be more in line with PRAMS data and realistic expectations of rates of reducing smoking, particularly in the face of major state budget cuts to a number of smoking cessation efforts. The result is that there are some discrepancies between the future performance objectives shown here for NPM #15 and for SPM #02. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

5 4.5 19 420,641	2006	4.3 3.7 16 431,669	2007	4.3 3.6 16 142,849		4.3 3.5 16 3,532 Records	2009	4.2 4.1
4.5 19	2006	4.3 3.7 16	2007	4.3 3.6 16	453	3.5 16 3,532		4.1
4.5 19	2006	3.7 16		3.6 16	453	3.5 16 3,532		4.1
4.5 19		3.7 16	4	3.6 16		3.5 16 3,532	s Mass. Vital F	4.1
19		16	4	16		16 3,532	Mass. Vital F	<u> </u>
			4			3,532	s Mass. Vital F	ecords
420,641		431,669	4	142,849			Mass. Vital F	ecords
					Mass. Vital F	Records	s Mass. Vital F	ecords
							·	_
					Provisional		Provisional	
		Annual C	bjective an	ıd Perforı	mance Data			
	2011		2012		2013		2014	
4.1		4		4		4		4
	4.1		2011	2011 2012	2011 2012	Annual Objective and Performance Data 2011 2012 2013	Annual Objective and Performance Data 2011 2012 2013	Annual Objective and Performance Data 2011 2012 2013 2014

1. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a higher rate for 2009 and beyond than that for 2008; this is more in line with the secular trend, once a sharply lower number of suicides in 2006 is removed from the 3-year average in the final 2009 calculations. See 2008 for the most recent data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2006 - 2008. The 2008 data are the most recent available. Rates are calculated as rolling 3-year averages. (I.e. the 2008 numerator is the sum of the 2006, 2007, and 2008 numbers of deaths (11, 19, and 19 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2007 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. Rates are calculated as rolling 3-year averages. (I.e. the 2007 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (18, 11, and 19 respectively) and the denominator is the sum of the Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

PERFORMANCE MEASURE # 17					
Percent of very low birth weight infants delivered at facilities for high-ri	isk deliveries and ne	eonates.			
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	86	88	86	86	88.5
Annual Indicator	85.6	85.5	88.5	85.7	86
Numerator	887	826	886	798	
Denominator	1,036	966	1,001	931	
Data Source				Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
			Objective and Perfor		
	2010	2011	2012	2013	2014
Annual Performance Objective	86.5	87	87	87.5	87.5
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2008 Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2008, the most recent data available. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

The rate did not improve in 2008, reverting to the rate in 2005 and 2006. We have adjusted annual performance objectives downward slightly for future years.

3. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2007 Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2007. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

Revised Hospital Licensure Regulations for Maternal-Newborn Services did not change the hospitals that we consider to have Level III units. Therefore the data reported are from the same nine hospitals as in previous years. The percentage of VLBW infants delivered in these 9 sites continues to fluctuate slightly and may be improving slightly, perhaps reflecting the impact of new regulations on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates. We are therefore treating the 2007 birth data as a new baseline. The impact of the regulatory changes on the system and on the resulting data is described in the narrative and will continue to be monitored in future years.

PERFORMANCE MEASURE # 18							
Percent of infants born to pregnant women receiving prenatal care be	ginning in the first t	rimester.					
		<u>A</u>	nnual C	bjective and Perfo	rmance Data		
	2005	2006		2007	2008	2009	
Annual Performance Objective	85		83	83	8	2 81	.5
Annual Indicator	82.5		81.5	81.4	79	6 8	80
Numerator	63,410	6	3,326	63,408	61,29	2	
Denominator	76,824	7	7,670	77,934	76,96	9	
Data Source					Mass. Vital Rec	ords Mass. Vital Red	cords
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?					Final	Provisional	_
	2010	<u>A</u> 2011	nnual C	Objective and Perfo 2012	rmance Data 2013	2014	
Annual Performance Objective	80		80	80	8	8 0	80
Annual Indicator Numerator Denominator							

1. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated a similar rate to that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

We do not expect improvement in this rate for the foreseeable future, due to health care systems limitations in scheduling routine prenatal care within the first trimester of pregnancy.

2. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records for calendar year 2008. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

The percentage of women receiving prenatal care in the first trimester in Massachusetts continues to decline, from a high of 84.3% in 2001.

3. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records for calendar year 2007. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

The percentage of women receiving prenatal care in the first trimester in Massachusetts continues to decline, from 84.3% in 2001 to 81.4% in 2007.

FORM 11

TRACKING PERFORMANCE MEASURES [Secs 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: MA

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR					
The percentage of pregnancies among women age 18 and over that a	re intended.				
		<u>Annua</u>	l Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	76	76	76	79	80.3
Annual Indicator	75.6	78.4	78.4	80.3	80.3
Numerator					
Denominator					
Data Source				Mass. BRFSS bi- annual survey	Mass. BRFSS bi- annual survey
Is the Data Provisional or Final?				Final	Provisional
		Δnnua	I Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014

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Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are

Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may

Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

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Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2009 Field Note:

There are no updated data for 2009. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2009 estimate is from the 2008 survey data. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2008 Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2008. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised again slightly, based on the continued improvement shown in the 2008 survey.

Annual Performance Objective

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2007

There were no updated data for 2007. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2007 estimate is from the 2006 survey data. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised, based on the 2006 improvements.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percent of births to women who report not smoking during their current pregnancy.

		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	91	92.5	92.5	93	93
Annual Indicator	92.5	92.5	92.3	92.9	93
Numerator	71,098	71,813	71,949	71,471	
Denominator	76,824	77,670	77,934	76,969	
Data Source Is the Data Provisional or Final?				Mass. Vital Records Final	Mass. Vital Records Provisional

Annual Objective and Performance Data

2010 2011 2012 2013 2014 **Annual Performance Objective** 93 93 93

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

This SPM is being dropped, as we can now report on NPM # 15 with annual PRAMS data.

Section Number: Form11 State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2008 Field Note:

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2008. This is the most recent year of data available. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and was growing, but at a lower level (although it is being reduced again in FY10), and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

See also NPM # 15 and its 2008 note for other data issues that are being reviewed. Due to differences between reported smoking rates from the birth certificate and PRAMS (which do not contain data items for precise comparison), there are some discrepancies between the future performance objectives shown for SPM #02 and NPM #15 at this time. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

We are not projecting any improvement in this rate from 2008 onward, primarily in light of some budget cuts in FY09 and larger additional cuts in FY10 due to the state budget crisis. These rates have previously been very sensitive to the level of state prevention and awareness programming.

Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2007

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2007. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and was growing, but at a lower level (although it is being reduced again in FY10), and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

See also NPM # 15 and its 2007 note for other data issues that are being reviewed. Due to differences between reported smoking rates from the birth certificate and PRAMS (which do not contain data items for precise comparison), there are some discrepancies between the future performance objectives shown for SPM #02 and NPM #15 at this time. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

STATE PERFORMANCE MEASURE #3 - REPORTING YEAR

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

		<u>Ann</u>	ual Objective	and Perfori	mance Data	
2005		2006	2007		2008	2009
Annual Performance Objective			17	13.5	13.5	13.8
Annual Indicator	13.8	1:	3.8	14	14.2	14.2
Numerator						
Denominator						
Data Source						PELL (linked births, hosp. dischs, & fetal deaths)
Is the Data Provisional or Final?					Provisional	Provisional

Annual Objective and Performance Data

2010 2011 2012 2013 2014 13.6 13.7 13.6 13.6 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #3

Field Name: SM3 **Row Name:** Column Name: Year: 2009 Field Note:

2009 birth data are not yet available. Therefore, no PELL analysis can be done to calculate I.P.I. for 2009. We have estimated a similar rate to that projected for 2007. This state measure is being dropped for next year.

Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

2008 birth data are not yet available for linkage. Therefore, no PELL analysis can be done to calculate I.P.I. for 2008. We have estimated a similar rate to that projected for

Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2007 Field Note:

Data Source: PELL (Pregnancy and Early Life Longitudinal) linked hospital discharge, birth and fetal death data.

The latest data available are for 2007. We have estimated a similar rate for 2008 and 2009.

IPI was calculated using PELL. Starting with all deliveries from 2007, women were linked to previous deliveries between 2007 and 2000. For those who had delivered twice in 2007, the latest delivery was included. Then for all women with deliveries in 2007 we linked back to the most recent delivery if available or to the last reported live birth if we were unable to link to any earlier pregnancies. IPI is calculated as the time passed between the delivery date of the first pregnancy and the start of the second pregnancy, as defined by the delivery date minus gestational age.

We calculated IPI two different ways. First we calculated it based on the delivery date of the most recent pregnancy linked. We also calculated it based on the reported date of last live birth. When we were able to calculate IPI using the most recent linked pregnancy, we used that as the final IPI. When we were unable to link any earlier pregnancies, we used the IPI as calculated based on reported date of last live birth, if available, as the final IPI. IPI was not calculated for those women for whom we could not identify an earlier delivery and who did not report an earlier live birth.

Of the 78,540 women with deliveries in 2007, we identified 33,647 earlier deliveries. Of the 78,540 women, 76,530 were MA residents, for whom we identified 32,786 earlier deliveries. Although we were able to link back to only 32,786 earlier deliveries for MA residents, we were still able to calculate IPI for many of the women for whom we could not find deliveries because we were able to use their reported date of last live birth. Consequently, the total number of MA residents for whom IPI was calculated was 41,962 out of the 76,530.

Of the 41,962 MA residents for whom IPI was calculated, 14.0% had a short IPI defined an IPI less than twelve months. This is the final estimate for 2007.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		41	45	50	55
Annual Indicator	40.8	42.5	45.9	50.6	53.5
Numerator	151,089	165,682	180,416	201,655	227,116
Denominator	369,993	389,674	392,765	398,531	424,348
Data Source				Mass. Medicaid agency, HCFA Form 416	Mass. Medicaid agency, HCFA Form 416
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data 2011 2012 2013 2014 60 65

Annual Performance Objective

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #4

Field Name: SM4 **Row Name:** Column Name: Year: 2009 Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2008 - September 30, 2009.

The rate continues to improve each year, although at a slower rate in 2009. This state measure is being retired beginning next year.

2010

Section Number: Form11_State Performance Measure #4

Field Name: SM4 **Row Name:** Column Name: Year: 2008 Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2007 - September 30, 2008.

The rate continues to improve each year and we have adjusted some outyear Performance Objectives accordingly.

Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2007 Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2006 - September 30, 2007.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

	Annual Objective and Performance Data								
	2005	2006	2007	2008	2009				
Annual Performance Objective		24	1	64	73				
Annual Indicator		24	56	64	73				
Numerator		24	56	64	73				
Denominator	87	87	87	87	87				
Data Source				Program data	Program data				
Is the Data Provisional or Final?				Final	Final				

Annual Objective and Performance Data 2010 2011 2012 2013 2014 80 84 85 85 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2009 Field Note:

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. See FY2007 note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY09 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure

This state performance measure is being retired beginning next year, although a new one related to promoting healthy weight will be added.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2008

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. See previous year's note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2007 Field Note:

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

The details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application; it has not been modified this year.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown for Years 2008 forward. However, we could not correct the FY07 Objective - which was 53. Our actual FY07 annual score was 56, above this target.

STATE PERFORMANCE MEASURE #8 - REPORTING YEAR The percent of licensed child care centers serving children age birth to five who have on-site health consultation **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 **Annual Performance Objective** 22.5 25 30 25 20 25 20 22.5 **Annual Indicator** Numerator Denominator State agency tate agency survey **Data Source** survey estimates estimates Is the Data Provisional or Final? Provisional Provisional **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 40 50 50 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2009 Field Note:

The annual indicator percent is an estimate based on previous years' data. Much of our work in capturing this data was been put on hold as EEC has still not developed an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization. Based on program staff experience and anecdotal information, we believe the actual % continues to improve slightly.

This state performance measure is being retired beginning next year.

Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2008 Field Note:

The annual indicator percent is an estimate based on the previous years' numbers. Much of our work in capturing this data has been put on hold as EEC is still in the process of developing an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization. Based on program staff experience and anecdotal information, we believe the actual % continues to improve slightly.

Section Number: Form11 State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2007 Field Note:

The annual indicator percent is an estimate based on the previous year's numbers. Much of our work in capturing this data has been put on hold as EEC is currently in the process of developing an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33

	Annual Objective and Performance Data								
	2005	2006	2007	2008	2009				
Annual Performance Objective		8	1	14	18				
Annual Indicator		8	11	14	24				
Numerator		8	11	14	24				
Denominator	33	33	33	33	33				
Data Source Is the Data Provisional or Final?				Program data Final	Program data Final				

Annual Objective and Performance Data 2010 2011 2012 2013 2014 20 24 27 31 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #9

Field Name: SM9 Row Name: Column Name: Year: 2009 Field Note:

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. See Notes for 2007 and the notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY09 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

This state performance measure is being retired beginning next year.

Section Number: Form11_State Performance Measure #9

Field Name: SM9 Row Name: Column Name: Year: 2008 Field Note:

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. See Notes for 2007 and the notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist and its scoring, along with outyear Performance Objectives was modified, based on greater than expected progress in FY09. (See checklist attachment under Part IV. B. (State Priorities.)

Section Number: Form11_State Performance Measure #9

Field Name: SM9 Row Name: Column Name: Year: 2007 Field Note:

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. The components are: 1) development & implementation of a state plan & other support for programs that address perinatal disparities [Sub-components include: 1a) establishment of statewide advisory group to develop a state plan; 1b) revision & promulgation of state perinatal regulations; 1c) development of protocols to address racism in all state-supported perinatal programs; & 1d) development of statewide strategic plan with community input;]; 2) establishment of functioning communitybased advisory groups in at least 5 communities with high perinatal disparities; 3) increased use of state & local data to develop community-based strategic plans; 4) MDPH engagement with communities with high perinatal disparities in development of their strategic plans; 5) completion & approval of strategic plans to address perinatal disparities in high disparity communities; and 6) the implementation of these plans. See Notes to Form 16 (Detail Sheet) for details on components and scoring

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

Details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications will be made to this measure during FY09, based on our first several years experience.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown except for the FY07 Objective - which was 11 (not 1).

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs. **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 **Annual Performance Objective** 66 67 59 68 59 66 66 **Annual Indicator** Numerator Denominator MA bi-annual Youth MA bi-annual Youth **Data Source** HIth Survey HIth Survey Is the Data Provisional or Final? Provisional Final **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 67 68 69 **Annual Performance Objective** Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2009 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2009 survey results are reported. The percentage of adolescents reporting 'no current use' of alcohol or illicit drugs increased from 66% to 68% from 2007 to 2009.

2. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2008 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data for FY08 and the results of the 2007 survey are reported.

3. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2007 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the data have been refreshed from the FY07 survey.

Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own.

In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This became the baseline for this new state measure.

STATE PERFORMANCE MEASURE # 11 - REPORTING YEAR The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention Program. 2005 2006 2007 2008 2009 100 **Annual Performance Objective** 70 0.0 76 100 **Annual Indicator** 0 Numerator 78,000 Denominator **Data Source** Program data Program data Is the Data Provisional or Final? Final Final **Annual Objective and Performance Data** 2010 2011 2012 2013 2014 100 100 **Annual Performance Objective** Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are

Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may

Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #11

Field Name: SM11 Row Name: Column Name: Year: 2009 Field Note:

All hospitals had active programs by the end of FY09. As a result, the measure will be retired beginning next year.

2. Section Number: Form11_State Performance Measure #11

Field Name: SM11 Row Name: Column Name: Year: 2008 Field Note:

This is a new State Performance Measure which was added in FY09. The percentage rate is estimated from preliminary baseline information from program staff. Based on the rate of adoption of the program model, we now expect all hospitals to have active programs by the end of FY09. As a result, the measure may be modified or dropped during our 5-Year needs assessment process.

3. Section Number: Form11_State Performance Measure #11

Field Name: SM11 Row Name: Column Name: Year: 2007 Field Note:

Not Applicable. This is a new State Performance Measure which was added in FY09.

FORM 12

TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(m) AND 506 (A)(2)(A)(m)] STATE: MA

Form Level Notes for Form 12

OUTCOME MEASURE # 01					
The infant mortality rate per 1,000 live births.					
		<u>Annual</u>	Objective and Perform	rmance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	4.8	4.8	4.8	4.8	4.8
Annual Indicator	5.1	4.8	4.9	5.0	4.9
Numerator	391	369	380	382	
Denominator	76,824	77,670	77,934	76,969	
Data Source	•			Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 				
Is the Data Provisional or Final?	,			Final	Provisional
		Annual	Objective and Perform	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	4.9	4.9	4.9	4.9	4.9
Annual Indicator Numerator Denominator	Please fill in only t not required for fut		above years. Numera	tor, Denominator and <i>i</i>	Annual Indicators are

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01 Row Name: Column Name: Year: 2009 Field Note:

2009 birth and infant mortality data are not available. We have estimated a similar rate to that for 2008, and adjusted our out-year projections based on the rise in the rate for

both 2007 and 2008.

2. Section Number: Form12_Outcome Measure 1 Field Name: OM01

Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records for the calendar year 2008, the most recent data available.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01 **Row Name:** Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records for the calendar year 2007.

2008 2 2.3 10 4.4 Mass. \	2009 2 3.2 11.7 3.7 Vital Records Mass. \	2 2.4 Vital Record				
2 2.3 10 4.4	2 3.2 11.7 3.7					
10 4.4	11.7 3.7					
4.4	3.7	Vital Reco				
		Vital Recor				
Mass. \	Vital Records Mass. \	Vital Recor				
Final	Provisio	onal				
Annual Objective and Performance Data						
2013	2014					
2	2	2				
	and Performance I 2013	and Performance Data				

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02 Row Name: Column Name: Year: 2009 Field Note:

2009 birth and infant mortality data are not available. We have estimated a slightly improved rate to that for 2008.

Despite inconsistent progresss in reducing this critical measure of health disparities, we continue to set our target at meeting the 2010 H.P. objective of a ratio of 2:1.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02 Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records for the calendar year 2008, the most recent data available.

 Section Number: Form12_Outcome Measure 2 Field Name: OM02

Field Name: OM Row Name: Column Name: Year: 2007 Field Note:

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

Despite a lack of consistent progresss in reducing this critical measure of health disparities, we will continue to set our target at meeting the 2010 H.P. objective of a ratio of 2:1.

Out					
OUTCOME MEASURE # 03					
The neonatal mortality rate per 1,000 live births.					
			Objective and Perfor		
	2005	2006	2007	2008	2009
Annual Performance Objective	3.6	3.6	3.6	3.6	3.4
Annual Indicator	3.7	3.6	3.4	3.8	3.6
Numerator	282	279	263	291	
Denominator	76,824	77,670	77,934	76,969	
Data Source				Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
	Please fill in only the		above years. Numerat	tor, Denominator and a	Annual Indicators are

1. Section Number: Form12_Outcome Measure 3

Field Name: OM03 Row Name: Column Name: Year: 2009 Field Note:

2009 birth and infant mortality data are not available. We have estimated a slightly improved rate to that for 2008 that is more in line with trend data.

2. Section Number: Form12_Outcome Measure 3

Field Name: OM03 Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records for the calendar year 2008, the most recent data available.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. We have modified our future outcome objectives slightly to reflect that there is not yet consistent trend data to support lower targets through 2014.

Because these deaths are the driving factor behind the perinatal death rate (see Outcome Measure #05), we have modified those rates as well.

3. Section Number: Form12_Outcome Measure 3

Field Name: OM03 Row Name: Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records for the calendar year 2007.

O					
OUTCOME MEASURE # 04					
The postneonatal mortality rate per 1,000 live births.					
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.4	1.2	1.5	1.2	1.2
Numerator	109	90	117	91	
Denominator	76,824	77,670	77,934	76,969	
Data Source				Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator Numerator Denominator	Please fill in only the not required for futi		above years. Numera	tor, Denominator and <i>i</i>	Annual Indicators are

1. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Field Name: OM04 Row Name: Column Name: Year: 2009 Field Note:

2009 birth and infant mortality data are not available. We have estimated a similar rate to that for 2008.

2. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Field Name: ON Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records for the calendar year 2008, the most recent data available.

3. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Field Name: OM0 Row Name: Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records for the calendar year 2007.

OUTCOME MEASURE # 05					
The perinatal mortality rate per 1,000 live births plus fetal deaths.					
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	5.6	5.8	5.5	5.5	5.1
Annual Indicator	5.3	5.5	5.0	5.7	5.5
Numerator	409	431	391	439	
Denominator	77,010	77,858	78,103	77,157	
Data Source				Mass. Vital Records	s Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5
Annual Indicator Numerator Denominator	Please fill in only the not required for fut		above years. Numerat	tor, Denominator and <i>i</i>	Annual Indicators are

1. Section Number: Form12_Outcome Measure 5

Field Name: OM05 Row Name: Column Name: Year: 2009 Field Note:

2009 birth and infant mortality data are not available. We have estimated a similar, but slightly improved rate to that for 2008.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05 Row Name: Column Name: Year: 2008 Field Note:

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2008, the most recent data available.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. The increase in the rate for 2008 reflects increases in both fetal deaths and early neonatal deaths. We have modified our future outcome objectives for total neonatal deaths (Outcome Measure #03) to maintain the rate of 3.6 through 2014. Because these deaths are the driving factor behind the perinatal death rate, we have modified these rates as well to reflect the lower neonatal death rate. The result is a projected maintenance rate of 5.5 through 2014.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05 Row Name: Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2007. The rate improved in 2007.

OUTCOME MEASURE # 06					
The child death rate per 100,000 children aged 1 through 14.					
	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	14	14	12	11	11
Annual Indicator	11.8	11.2	11.7	10.9	11
Numerator	133	125	128	119	
Denominator	1,127,828	1,116,590	1,092,380	1,090,816	
Data Source				Mass. Vital Records	s Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	11	11	11	11	11
Annual Indicator Numerator Denominator	Please fill in only th		above years. Numera	tor, Denominator and A	Annual Indicators are

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a similar rate to that for 2008 and adjusted out-year performance objectives slightly.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar year 2008. This is the most recent year of data available. The rate is now shown as a single year rate, rather than as a rolling 3-year average. The denominator is the Massachusetts population estimate for the age group for the same year. The denominator and age-specific rate may differ from those previously reported or published elsewhere.

3. Section Number: Form12_Outcome Measure 6 Field Name: OM06

Field Name: OM Row Name: Column Name: Year: 2007 Field Note:

Data are from MDPH Vital Records for the calendar year 2007. The rate is now shown as a single year rate, rather than as a rolling 3-year average. The denominator is the Massachusetts population estimate for the age group for the same year. The denominator and age-specific rate may differ from those previously reported or published elsewhere.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: MA

Form Level Notes for Form 12

None

CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS STATE: MA 1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate. 3 2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups. 3 3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process. 3 4. Family members are involved in service training of CSHCN staff and providers. 2 5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member). 3 6. Family members of diverse cultures are involved in all of the above activities. 2 Total Score: 16 Rating Key 0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

Section Number: Form13_Main

Field Name: Question1

Row Name: #1. Family members participate on advisory committee or task forces...

Column Name: Year: 2011 Field Note:

Many families are involved in all CYSHCN program activities. Participants receive training and mentoring. Programs are exploring different ways for families to participate to reach those who find it difficult to travel.

Section Number: Form13_Main

Field Name: Question2

Row Name: #2. Financial support (...) is offered for parent activities or parent groups.

Column Name: Year: 2011 Field Note:

Stipends are provided to all families who participate in advisory functions. Families are supported to attend conferences and other statewide and national meetings.

Section Number: Form13_Main

Field Name: Question3

Row Name: #3. Family members are involved in the Children with Special Health Care Needs...

Column Name: Year: 2011 Field Note:

Using a combination of online, email, and in person focus groups has greatly increased the number of families who participated this year in the Block Grant Needs Assessment and application process.

Section Number: Form13_Main

Field Name: Question4

Row Name: #4. Family members are involved in service training of CSHCN staff and providers.

Column Name: Year: 2011

Family staff members are invited and actively encouraged to attend all in-service training. Due to the special health needs of their children and their part-time work schedules (in place to meet those needs), they are not always able to do so.

Section Number: Form13_Main

Field Name: Question5

Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...

Column Name: Year: 2011 Field Note:

This is a major strength of the Massachusetts CYSHCN program and we are committed to hiring family members. Currently we have 15 full-time or part-time family staff, as well as over 50 consultants or stipended family members.

Section Number: Form13 Main

Field Name: Question6

Row Name: #6. Family members of diverse cultures are involved in all of the above activities

Column Name: Year: 2011 Field Note:

Family projects at DPH continue to build relationships in diverse communities. An increased number of families from diverse cultures participated in the Needs Assessment

and advisory activities in FY09.

FORM 14 LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MA FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

- 1. Promote healthy weight across the lifespan.
- 2. Promote emotional wellness and social connectedness across the lifespan.
- 3. Coordinate preventive oral health measures and promote universal access to affordable dental care.
- 4. Enhance screening for and prevention of violence and bullying.
- 5. Support reproductive and sexual health by improving access to educations and services.
- 6. Improve the health and well-being of women in their childbearing years.
- 7. Reduce unintentional injury and promote health behavior choices for adolescents.
- 8. Expand medical home efforts to systems building and securing access and funding for children and youth.
- 9. Support effective transitions from (1) early childhood to school and (2) adolescence to adulthood for Children and Youth with Special Health Care Needs (CYSHCN)
- 10. Improve data availability, access, and analytic capacity.

FORM NOTES FOR FORM 14

FIELD LEVEL NOTES

None

None

FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MA APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: 6	Identification and implementation of strategies to collaborate with primary care, specialty care, and schools to integrate health-related transition goals into IEPs; best practices to leverage medical home initiatives to improve transition planning.	Both the further development of medical homes for all children and better transitions for CYSHCN (both from early childhood to school and to adulthood) are among our new Priorities, and expert advice will help identify the most effective next steps.	Center for Medical Home Improvement (CMHI), which offers a variety of consultation services and has just been awarded a contract to be the National Center on Transition. They are conveniently based nearby in New Hampshire.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		

FORM NOTES FOR FORM 15
None

FIELD LEVEL NOTES

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: MA

SP(Reporting Year) #_____1

PERFORMANCE MEASURE: The percentage of pregnancies among women age 18 and over that are intended.

STATUS: Ac

GOAL To reduce unintended pregnancies.

DEFINITIONThis measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS).
Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was

defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without

numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Data Sources and Data Issues

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked

every other year (beginning in 1996), no comparable data are available for periods years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to

younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistinged or unwanted altogether; this % is

Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children

and families.

SP(Reporting Year) # PERFORMANCE MEASURE: The percent of births to women who report not smoking during their current pregnancy. STATUS: To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the GOAL mother, the fetus, and young children. **DEFINITION** Numerator: The number of births to resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates. Denominator: Number of total resident live births in the calendar year. Units: 100 Text: Percent 16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women **HEALTHY PEOPLE 2010 OBJECTIVE** Objective 16-17c measures the percent of women having live =births reporting abstaining from cigarette smoking during pregnancy. The national baseline (1998) is 87%. Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the **DATA SOURCES AND DATA ISSUES** degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking have improved in recent years, it is important to note that the data are based on self-reported behavior. Implementation of PRAMS in Massachusetts soon will add to the quality and depth of the data. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funded by the

2003 is 85.5%.

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading

preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We continue to place attention on a number of tobacco education and cessation initiatives and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke. The Massachusetts baseline for

SIGNIFICANCE

SP(Reporting Year) #

PERFORMANCE MEASURE: The percentage of women with an interpregnancy interval (IPI) less than 12 months.

STATUS:

Active

DEFINITION

GOAL

To decrease short interpregnancy intervals (IPIs) and improve perinatal outcomes.

Using PELL (Pregnancy and Early Life Longitudinal) linked hospital discharge, birth and fetal death data, MDPH will calculate interpregnancy interval. If the date of beginning of the second pregnancy (date of birth in Births or PELL or date of fetal death in PELL minus the week gestation) minus the end of the first pregnancy (date of birth or date of fetal death) is less than 12 months, then the IPI is short.

Numerator:

The number of women who have at least one live birth or fetal death with prior live birth or fetal death where the IPI is less than 12 months.

Denominator:

The number of women who have at least one live birth or fetal death with prior live birth or fetal death.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Source: Massachusetts PELL (Pregnancy and Early Life Linkage) database. The methodology is two-part. Part A: Using

longitudinally-linked birth certificate data, women who delivered in the most recent year with linked data available are linked back to any prior births/fetal deaths, in particular, their most recent prior birth/fetal death. If the date of beginning of the second pregnancy (DOB for infant or date of fetal death minus the week gestation) minus the end of the first pregnancy (DOB for infant or date of fetal death) is less than 12 months, then the IPI is short. Part B: The date of the end of the last pregnancy variable on the birth certificate (available from PELL) is used for women with no linked birth/fetal death who delivered in the same year as Part A. If the time between this date and the beginning of the second pregnancy (as calculated in part a) is less than one year, then the IPI is short. The result is a calculated rate, without numerator or

denominator

SIGNIFICANCE Short IPIs are associated with poor pregnancy outcomes. We will also stratify short IPI incidence by geography,

race/Hispanic ethnicity, payer source and age to determine disparities. PELL is well suited for this analysis because analyses can follow women retrospectively and prospectively, combine data over years to examine small area variation, and obtain better payer information using linked birth certificate records and hospital discharge data. The baseline statewide mean percent of women with short IPIs from 1998 to 2001 was 9% prospectively and 18% retrospectively. DPH had originally proposed prospective calculation of short IPI from PELL and will continue to calculate prospective IPI as a valuable measure; however, using this method for Title V reporting would unduly delay estimates. PELL longitudinal linkage (Part A) captures some prior pregnancies not reported on birth certificates and it enables more accurate calculations for some intervals than the birth variable. At the same time, the birth certificate variable (Part B) captures some prior pregnancies (in particular, out-of-state) that are not in PELL. Combining the two methods yields the closest possible retrospective estimate of short IPI. Short IPI from Births alone, used to provide estimates before longitudinal linkage is

complete, will underestimate the percentage. Over time, DPH may be able to factor in the % underestimated.

SP(Reporting Year) #_____

PERFORMANCE MEASURE:

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

STATUS:

Acti

GOAL

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

DEFINITION

Numerator:

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth

(Medicaid) during the fiscal year.

Denominator:

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) during the reporting period (federal fiscal year).

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-12 Dental services for low-income children

Objective 21-12 reads in full: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. It is defined as being the number of children under age 19 at or below 200% of the

Federal poverty level. The national baseline (1996) was 20%.

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA

416 - Annual EPSDT Participation Report, October 1 - September 30.

SIGNIFICANCE

Access to regular dental care can be a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this problem have been undertaken: state support to expand community health center dental care capacity coverage; increases to Medicaid (MassHealth) rates; and rules changes to allow dentists to limit the number of Medicaid clients they accept. (Without this change, dentists choose to reject all Medicaid clients as they cannot control volume and the Medicaid rate structure presents significant financial issues for many.) Monitoring the impact of these changes on utilization of preventive oral health services among the targeted

populations is critical.

SP(Reporting Year) #_____6

PERFORMANCE MEASURE:

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

STATUS:

GOAL

DEFINITION

To improve the overall health of the population, particularly among women, children, and adolescents, through promoting healthy weight, good nutrition, and regular physical activity.

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to this Form for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

Numerator:

None

Denominator:

None

Units: 87 Text: Scale

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Overweight or obesity in children and adolescents.

Text of Objective and sub-objectives: 19-3: Reduce the proportion of children and adolescents who are overweight or obese. 19-3a: Children ages 6 - 11 years 19-3b: Adolescents ages 12 to 19 years 19-3c: Children and adolescents ages 6 to 19 years. Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (1988-94) was 11%.

22-6 and 22-7 Moderate [and Vigorous] physical activity in adolescents

22-6: Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. 22-7: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiovascular fitness 3 or more days per week for 20 or more minutes per occasion.

DATA SOURCES AND DATA ISSUES

Various MDPH program datasets (for measurement and reporting of BMIs and appropriate pregnancy weight gain). MDPH staff and partners assessments of progress (consistent messages, process and outcome evaluations and baselines; policies and systems implementation in schools and school-based health centers). Some components of the measure are aimed at improving the extent and quality of the data available for assessing progress.

SIGNIFICANCE

The importance of healthy weight as a public health objective is well documented, as is the seriousness of the problems of obesity, overweight, and reduced physical activity to the nation's health and well-being. This measure seeks to monitor our progress in several areas - surveillance and data quality improvement, adopting and implementing consistent public health messages, environmental changes in key institutions (e.g. schools), and addressing change at multiple age levels. It builds upon existing initiatives and collaborative efforts through WIC, the Massachusetts Overweight Prevention and Control Initiative, the Massachusetts Partnership for Healthy Weight, a number of school-based projects, and others. It also represents a logical set of next steps from our previous State Performance Measure related to nutrition.

SP(Reporting Year) #____8

PERFORMANCE MEASURE:

The percent of licensed child care centers serving children age birth to five who have on-site health consultation

Active

STATUS: GOAL

DEFINITION

To increase the number of licensed child care providers that receive annual visits from a child care health consultant.

The percent of licensed child care centers serving children age birth to five who have on-site health consultation, measured as at least one visit by a child care health consultant (CCHC) annually. This measure has been adopted as part of a MCH Region 1 (New England) effort to develop at least one joint measure for use across the region, with an emphasis on choosing an asset-based measure. The measure remains a work in progress, and subject to change or modification, in collaboration with our regional colleagues.

Numerator

Number of licensed center-based facilities that serve children under six years of age who have received a visit from a child care health consultant in the past year.

Denominator:

Licensed center-based facilities that serve any child under six years of age. (n=~2,000)

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data sources are still to be determined and we do not currently have the data necessary to report on the measure annually. However, attempts are underway to determine if a database and reporting system can be developed and maintained so that Massachusetts can use this Region 1 joint measure. We are working very closely with the state Department of Early Education and Care (EEC), which is the child care licensing agency for Massachusetts. Efforts to improve the data are being done in conjunction with the state's Early Child Care Systems (MECCS) grant, which is managed through the Title V agency. Further details on our current data issues and the activities underway to resolve them are included in the Note to this Detail Sheet.

SIGNIFICANCE

Child care health consultants (CCHCs) play a critical role in promoting healthy and safe child care environments and supporting education for children (including children with special needs), their families, and child care providers. CCHCs also improve access to preventive health services such as medical and dental homes, early intervention and family support. As the majority of CCHCs in Massachusetts are not paid and they are not mandated to visit programs, they have been underutilized and are widely perceived as mostly "a name on a piece of paper." DPH plans to work with EEC to determine how to best utilize CCHCs to promote health and safety in child care settings. EEC is currently revising their child care regulations and reviewing their strategies for promoting quality, comprehensive child care services, including such health issues as medication administration, health screening, and emergency preparedness. We hope to promote a plan to create an infrastructure of active CCHCs.

SP(Reporting Year) #

PERFORMANCE MEASURE:

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33.

STATUS:

GOAL

DEFINITION

To reduce perinatal disparities in outcomes for both mothers and infants in Massachusetts, working collaboratively and in partnership with communities at both state and local levels.

This measure is defined and tracked by scores on a checklist of three multi-faceted components of an systematic approach to reduce perinatal disparities: developing and implementing a state plan (including perinatal regulations revisions and protocols for addressing racism); state support for development of corresponding community plans; and promoting the use of data to inform policy and prioritize actions. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 33.

Numerator:

None

Denominator:

None

Units: 33 Text: Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES SIGNIFICANCE

Self-assessment by state and communities; documentation of regulations, protocols, state and community plans.

A majority of overall pregnancy outcomes in the state continue to improve and are lower than the U.S. rates in many instances. However, continuing racial and ethnic disparities in perinatal outcomes persist. Although IMRs for most racial/ethnic populations declined from 1995 to 2002, little change has been noted in the differences between racial/ethnic populations. The 1998-2002 Feto-Infant Mortality Rates (FIMRs) for the state overall and for the three largest cities were 2to 3-fold higher for black mothers. The "excess" FIMRs were mainly due to maternal health/prematurity factors. Adequacy of prenatal care and early initiation of care also remain discrepant across racial/ethnic populations. Through the CDC/AMCHP MATRICHS project, a 9-month on-line course, MDPH staff received training to identify a critical policy issue and use state, local and national data to inform policy direction and program priorities. Massachusetis identified perinatal disparities as the policy issue to address through the MATRICHS process; this new state performance measure will track our progress on both policy and program improvements. Enhancing the capacity of community partners to address perinatal disparities in their communities is a critical need and is a focus of the measure.

SP(Reporting Year) #_____10

PERFORMANCE MEASURE:

STATUS: GOAL

DEFINITION

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

Active

To reduce the risk behaviors of drinking and doing drugs among adolescents, along with other resulting risks such as highrisk sexual activity, violence, etc.

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own. In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

Numerator:

The number of middle school and high school students who report not using either alcohol or any illicit drugs within the past 30 days

Denominator:

The number of middle school and high school students responding to the survey.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

26-10a - Youth using no alcohol or illicit drugs in past 30 days.

Full text of 26-10a: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. [Illicit drugs defined as marijuana, hashish, cocaine (including crack), inhalants, hallucinagens, heroin, or any non-medical use of analgesics, tranquilizers, stimulants, or sedatives.] Baseline (1998) - 79%; adolescents ages 12 to 17.

DATA SOURCES AND DATA ISSUES

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. MYHS is collected in public middle schools and high schools. In FY07 the MYHS will be administered in a cooperative project with the Massachusetts YRBS. This will be the first administration of the MYHS since 2004. The surveys will be administered to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported. In 2005, the Massachusetts Department of Education conducted its annual YRBS. The percentage of adolescents reporting no current use of either alcohol or illicit drugs cannot be calculated from the YRBS for the middle school, as it is only administered in the public high schools.

SIGNIFICANCE

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared with marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to data rape), much work remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors. The percentage of students who report current alcohol use has declined dramatically (43 percent in 2005 vs. 51 percent in 1991) since the first YRBS survey. National survey results indicate that alcohol and other drug use has remained stable or declined since 2004. It is expected that the reported 59% adolescents reporting no current use (in the past 30 days) of either alcohol or illicit drug will remain stable, with some improvement.

SP(Reporting Year) #____11

PERFORMANCE MEASURE: The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention

Program.

STATUS:

Active

GOAL

DEFINITION

To reduce the incidence of abuse head trauma by assuring that all parents/caregivers of newborns receive information prior to be pitched discharge about infant southing techniques and the dangers of shaking an infant.

to hospital discharge about infant crying, infant soothing techniques and the dangers of shaking an infant.

This measure will calculate the percentage of all Massachusetts resident births that occur in Massachusetts hospitals that are in compliance with state law and regulations regarding shaken baby syndrome parent education.

Numerator:

of live births annually in Masschusetts hospitals with documentation that mandated parent education program is being

implemented

Denominator:Total number of Massachusetts live births annually

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES MDPH Vital Records for births; MDPH Shaken Baby Syndrome database for hospitals to be included in numerator. Quality

of the numerator (whether all parents/caregivers in the given hospital are actually given the education) will be based on fidelity to program implementation plan, which will be confirmed through random chart review and other evaluation

measures for the program.

SIGNIFICANCE Estimates of the incidence of infants severely damaged by being shaken range from 1 to 3 per 10,000 children under two.

Shaken Baby Syndrome is the most common cause of death in abused children. There may be many other less severe cases that are never diagnosed, but cause permanent, although more subtle, damage. Infant crying is thought to be a significant trigger for shaking so education that normalizes infant crying and increases caregiver capacity to soothe infants

may reduce abusive head trauma and overall child abuse in infants.

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FORM 17

HEALTH SYSTEMS CAPACITY INDICATORS FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA STATE: MA

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01
The rate of children hospitalized for asthma (ICD-9 Codes: 4

493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	60.4	69.6	72.1	82.2	82
Numerator	2,415	2,699	2,718	3,153	
Denominator	400,113	387,863	376,848	383,568	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Final	Provisional
Is the Data Provisional or Final?	•			Final	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 **Row Name:** Column Name: Year: 2009 Field Note:

Hospitalization data for 2009 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 **Row Name:** Column Name: Year: 2008 **Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2008. The 2008 denominator is provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The numerator includes hospitalizations where asthma was either the primary diagnosis or a contributing cause.

Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 **Row Name:** Column Name: Year: 2007

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. The 2007 denominator is provided by the Bureau of Health Information, Statistics, Research and Evaluation.

The numerator includes hospitalizations where asthma was either the primary diagnosis or a contributing cause.

HEALTH SYSTEMS CAPACITY MEASURE # 02					
The percent Medicaid enrollees whose age is less than one year duri	ng the reporting year	who received at leas	st one initial periodic s	creen.	
	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	33,012	36,022	37,126	37,458	41,444
Denominator	33,012	36,022	37,126	37,458	41,444
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Final

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2009 Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2008 to September 30, 2009.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2008 Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2007 to September 30, 2008.

Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2007 Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2009 Field Note:

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2008 Field Note:

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2007 Field Note:

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	83.0	82.1	81.6	80.3	80.3
Numerator	63,565	63,568	63,386	61,566	
Denominator	76,573	77,391	77,646	76,685	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2008 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2008 (the most recent year available). The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2008 data.

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2007 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2007. The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP,

which is the source for the 2007 data.

HEALTH SYSTEMS CAPACITY MEASURE # 07A					
Percent of potentially Medicaid-eligible children who have received a	service paid by the N	Medicaid Program.			
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	93.6	96.7	96.7	97.3	98.2
Numerator	431,448	457,592		505,517	626,211
Denominator	460,826	473,158		519,426	637,639
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2009 Field Note:

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2009; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (26% of 1,627,928) who are reported as uninsured through state surveys (2.7% of those under 150%, used as closest and conservative proxy). These calculations yield an estimate of only 11,428 children possibly eligible for Medicaid but not enrolled during FY2009.

Medicaid enrollment data: MassHealth. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2009, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). The total includes children served under Title XIX (non-CHIP) (483,167), Medicaid Expansion (62,807), and the Separate Child Health Program (80,237).

% of Children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage and Access to Care in Massachusetts: Detailed Tabulations Based on the 2009 Massachusetts Health Insurance Survey." November 2009.

Estimate of % of children below 200% of poverty: Annie E. Casey Foundation. KidsCount Data Center. Analysis of data from the 2008 American Community Survey.

2. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name:

Column Name: Year: 2008 Field Note:

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2008; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (26% of 1,621,137) who are reported as uninsured through state surveys (3.3% of those under 150%, used as closest and conservative proxy). These calculations yield an estimate of 13,909 children possibly eligible for Medicaid but not enrolled during FY2008.Medicaid enrollment data: HHS, CMS, "FY2008 Medicaid Children Annual Enrollment Report." Data are the unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FY 2008, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). www.cms.hhs.gov/NationalCHIPPolicy/CHIPER.

% of children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey." Updated March 2009.

Estimate of % of children below 200% of poverty: Annie E. Casey Foundation. KidsCount Data Center. Analysis of data from the 2007 American Community Survey.

3. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2007 Field Note:

Updated 2007 enrollment data for Medicaid are not available. We have estimated a similar rate as for 2006, which is probably an underestimate given the aggressive outreach and enrollment activities tied to Health Care Reform that began during FY07.

HEALTH SYSTEMS CAPACITY MEASURE # 07B					
The percent of EPSDT eligible children aged 6 through 9 years who h	nave received any de	ental services during t	he year.		
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicator	50.3	51.9	56.4	61.0	63.6
Numerator	45,318	49,648	54,817	60,452	67,460
Denominator	90,075	95,723	97,160	99,037	106,132
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Final

Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B **Row Name:** Column Name: Year: 2009 Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2008 to September 30, 2009.

Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B **Row Name:** Column Name: Year: 2008

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2007 to September 30, 2008.

Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2007 Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest but steady increase each year in the percentage of children receiving preventive dental services. Improvements in MassHealth dental care reimbursement rates for services to children and other systems improvements are expected to cause continued improvement in this indicator. Massachusetts has a related State Performance Measure that addresses the use of preventive Medicaid dental services for children ages 3 - 18; See SPM # 04 for more information on changes in the MassHealth system and our involvement in them.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

			Annual Indicator Da	<u>ıta</u>		
	2005	2006	2007	2008	2009	
Annual Indicator	100.0	100.0	100.0	100.0	100.0	
Numerator	18,150	19,129	20,247	20,895	21,880	
Denominator	18,150	19,129	20,247	20,895	21,880	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Final	
is the Data Provisional or Final?				Finai	Final	

Field Level Notes

2.Th

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2009 Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 18 and are for children receiving benefits as of December 2009.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2008 Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 18 and are for children receiving benefits as of December 2008.

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2007 Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 18 and are for children receiving benefits as of December 2007.

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #05 (MEDICAID AND NON-MEDICAID COMPARISON) STATE: MA

INDICATOR #05 Comparison of health system capacity			POPULATION			
indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	MEDICAID	NON-MEDICAID	ALL	
a) Percent of low birth weight (< 2,500 grams)	2008	Payment source from birth certificate	8.2	7.6	7.7	
b) Infant deaths per 1,000 live births	2008	Matching data files	6.3	4.3	4.8	
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	Payment source from birth certificate	71.2	82.5	79.6	
d) Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	Payment source from birth certificate	73.9	82.4	80.3	

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL) STATE: MA

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2009	
b) Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	
c) Pregnant Women	2009	200

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: MA

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2009	300
b) Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	300
c) Pregnant Women	2009	200

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Infant Row Name: Infants Column Name: Year: 2011 Field Note:

All infants under 200% FPL are eligible for Medicaid rather than SCHIP; between 200 to 300% FPL they are eligible for SCHIP.

2. Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Children Row Name: Medicaid Children

Column Name: Year: 2011 Field Note:

Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 300% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.

3. Section Number: Form18 Indicator 06 - Medicaid

Field Name: Med_Women
Row Name: Pregnant Women

Column Name: Year: 2011 Field Note:

Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age or income for Medicaid. If they are ineligible for Medicaid but are at or below 225% FPL, they are eligible for Healthy Start pregnancy-related services through SCHIP as coverage for the unborn child.

4. Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name: Year: 2011 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2008 (the most recent year available). The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

5. Section Number: Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name: Year: 2011 Field Note:

Data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2008, the most recent year available. Note that the linked file for 2008 only includes 370 infant deaths, while there were a total of 382 infant deaths in 2008. The calculated rates shown here may therefore differ from those published elsewhere.

Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name: Year: 2011 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2008 (the most recent year available).

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

7. Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name: Year: 2011 Field Note:

Birth data are from MDPH, Vital Records for calendar year 2008 (the most recent year available).

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly. The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2008 data.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: MA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes
41 4 11		

- 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: MA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Health Survey	3	Yes

*Where: 1 = No

2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19
None

FIELD LEVEL NOTES

None

FORM 20 HEALTH STATUS INDICATORS #01-#05 MULTI-YEAR DATA STATE: MA

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A The percent of live births weighing less than 2,500 grams.					
The state of the s	2005	2006	Annual Indicator Da	<u>ata</u> 2008	2009
Annual Indicator	7.9	7.9	7.9	7.7	7.7
Numerator	6,073	6,150	6,147	5,955	
Denominator	76,824	77,670	77,934	76,969	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A Row Name: Column Name: Year: 2008

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2008. This is the most recent year of data available. The denominator is all resident births for the year.

3. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Field Name: HS Row Name: Column Name: Year: 2007 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007.

The denominator is all resident births for the year.

HEALTH STATUS INDICATOR MEASURE # 01B					
The percent of live singleton births weighing less than 2,500 grams.					
			Annual Indicator Da	ata .	
	2005	2006	2007	2008	2009
Annual Indicator	5.6	5.8	5.7	5.5	5.5
Numerator	4,126	4,264	4,258	4,039	
Denominator	73,258	74,146	74,498	73,475	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B Row Name: Column Name: Year: 2008 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2008. This is the most recent year of data available. The denominator is all resident singleton births for the year.

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B Row Name: Column Name: Year: 2007 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. The denominator is all resident singleton births for the year.

HEALTH STATUS INDICATOR MEASURE # 02A					
The percent of live births weighing less than 1,500 grams.					
			Annual Indicator Da	ata .	
	2005	2006	2007	2008	2009
Annual Indicator	1.4	1.3	1.4	1.3	1.3
Numerator	1,098	1,041	1,053	1,006	
Denominator	76,824	77,670	77,934	76,969	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2008

Year: 2008 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2008. This is the most recent year of data available. The denominator is all resident births for the year.

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2007

Year: 2007 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. The denominator is all resident births for the year.

HEALTH STATUS INDICATOR MEASURE # 02B					
The percent of live singleton births weighing less than 1,500 grams.					
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	1.0	0.9	0.9	0.9	0.9
Numerator	701	687	693	627	
Denominator	73,258	74,146	74,498	73,475	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B Row Name: Column Name: Year: 2009 Field Note:

2009 birth data are not available. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B Row Name: Column Name: Year: 2008 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. This is the most recent year of data available. The denominator is all resident singleton births for the year.

3. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B Row Name: Column Name: Year: 2007 Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2007. The denominator is all resident singleton births for the year.

HEALTH STATUS INDICATOR MEASURE # 03A							
The death rate per 100,000 due to unintentional injuries among children are the control of the c	en aged 14 years an	d younger.					
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	3.2	3.4	2.9	2.7	2.7		
Numerator	39	41	34	31			
Denominator	1,214,584	1,202,482	1,188,128	1,148,340			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional		

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a similar rate to that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2006-2008. Rates are calculated as rolling 3-year averages. (I.e. the 2008 numerator is the sum of the 2006, 2007, and 2008 numbers of deaths (41, 23, and 29 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2007 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2005-2007. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (37,41, and 23 respectively) and the denominator is the sum of the Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 03B							
The death rate per 100,000 for unintentional injuries among children a	aged 14 years and ye	ounger due to motor	vehicle crashes.				
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	1.3	1.2	0.8	0.7	0.7		
Numerator	16	14	9	8			
Denominator	1,214,584	1,202,482	1,188,128	1,148,340			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 						
Is the Data Provisional or Final?				Final	Provisional		

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a similar rate to that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2006-2008. Rates are calculated as rolling 3-year averages. (I.e. the 2008 numerator is the sum of the 2006, 2007, and 2008 numbers of deaths (12, 5, and 6 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2007 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 2005 - 2007. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2005, 2006, and 2007 numbers of deaths (10, 12, and 5 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 03C The death rate per 100,000 from unintentional injuries due to motor ve	ehicle crashes amon	ng youth aged 15 thro	ugh 24 years.		
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicator	13.0	13.3	14.2	9.4	9.4
Numerator	111	119	129	87	
Denominator	851,856	895,707	906,161	925,382	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #03C

HEALTH STATUS INDICATOR MEASURE # 020

Field Name: HSI03C Row Name: Column Name: Year: 2009 Field Note:

2009 death data are not available. We have estimated a similar rate to that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2008 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar year 2008 (the most recent year available). The 2008 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The dramatic drop in the number of deaths may be due to the implementation of a Massachusetts graduated driver law which addresses hours of operation for younger drivers and limits non-adult passengers. It also substantially raised the penalties for violations.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2007 Field Note:

Data on deaths are taken from MDPH Vital Records for calendar year 2007. The 2007 denominator is from the population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

ears and younger.				
		Annual Indicator Da	<u>ata</u>	
2005	2006	2007	2008	2009
212.4	210.0	216.1	218.8	218
2,570	2,491	2,524	2,387	
1,210,179	1,186,455	1,167,750	1,090,816	·
			Final	Provisional
	2005 212.4 2,570 1,210,179	2005 2006 212.4 210.0 2,570 2,491 1,210,179 1,186,455	2005 2006 2007 216.1 212.4 210.0 216.1 2,570 2,491 2,524 1,210,179 1,186,455 1,167,750	Annual Indicator Data 2005 2006 2007 2008 212.4 210.0 216.1 218.8 2,570 2,491 2,524 2,387 1,210,179 1,186,455 1,167,750 1,090,816

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2009 Field Note:

Hospitalization data for 2009 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2008

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2008. Data are for Fiscal Years, not Calendar Years.

The 2008 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2007 Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years and have been revised based on the final data.

The 2007 denominator is from the population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 04B						
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	among children age	ed 14 years and youn	ger.			
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	15.5	17.0	16.3	15.9	15.8	
Numerator	188	202	190	173		
Denominator	1,210,179	1,186,455	1,167,750	1,090,816		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional	

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2009 Field Note:

Hospitalization data for 2009 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2008 Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2008. Data are for Fiscal Years, not Calendar Years.

The 2008 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2007 Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years and have been revised based on the final data.

The 2007 denominator is from the population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 04C					
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	s among youth aged	15 through 24 years.			
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	123.1	113.3	109.7	85.4	85
Numerator	1,049	1,015	994	790	
Denominator	851,856	895,707	906,161	925,382	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2009 Field Note:

Hospitalization data for 2009 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2008. See 2008 for the most recent actual data and see the Note for 2008 for data sources and other comments.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2008 Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2008. Data are for Fiscal Years, not Calendar Years.

The 2008 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The dramatic drop in the hospitalization rate may be due to the implementation of a Massachusetts graduated driver law which addresses hours of operation for younger drivers and limits non-adult passengers. It also substantially raised the penalties for violations.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2007 Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2007. Data are for Fiscal Years, not Calendar Years and have been revised based on the final data.

The 2007 denominator is from the population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 05A					
The rate per 1,000 women aged 15 through 19 years with a reported	case of chlamydia.				
	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	18.3	17.9	18.3	18.6	19.2
Numerator	3,823	3,955	4,116	4,249	4,386
Denominator	208,824	221,338	224,406	228,275	228,275
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2009 Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2009 (calendar year data).

The 2009 denominator is estimated to be the same as 2008 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2008 Field Note: Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2008 (calendar year data).

The 2008 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a revised 2008 rate.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2007 Field Note: Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

The 2007 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

HEALTH STATUS INDICATOR MEASURE # 05B					
The rate per 1,000 women aged 20 through 44 years with a reported of	case of chlamydia.				
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	5.6	5.9	6.6	7.0	7.7
Numerator	6,539	6,759	7,524	7,927	8,680
Denominator	1,168,750	1,144,172	1,133,164	1,129,589	1,129,589
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2009 Field Note: Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2009 (calendar year data).

The 2009 denominator is estimated to be the same as 2008 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2008 Field Note: Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2008 (calendar year data).

The 2008 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a revised 2008 rate.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2007 Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

The 2007 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

HSI #06A - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics) For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	76,714	53,074	6,680	213	5,006	0	0	11,741
Children 1 through 4	306,854	212,296	26,720	850	20,023	0	0	46,965
Children 5 through 9	384,444	278,558	30,806	1,054	22,546	0	0	51,480
Children 10 through 14	399,518	300,666	30,706	966	20,284	0	0	46,896
Children 15 through 19	460,398	348,677	36,541	1,325	22,726	0	0	51,129
Children 20 through 24	464,984	350,722	36,298	1,398	27,295	0	0	49,271
Children 0 through 24	2,092,912	1,543,993	167,751	5,806	117,880	0	0	257,482

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	64,973	11,741	0	
Children 1 through 4	259,889	46,965	0	
Children 5 through 9	332,964	51,480	0	
Children 10 through 14	352,622	46,896	0	
Children 15 through 19	409,269	51,129	0	
Children 20 through 24	415,713	49,271	0	
Children 0 through 24	1,835,430	257,482	0	

STATE: MA

HSI #07A - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	40	7	6	0	1	0	0	26
Women 15 through 17	1,361	608	179	3	44	0	0	527
Women 18 through 19	3,222	1,629	426	11	109	0	0	1,047
Women 20 through 34	54,646	37,174	4,847	140	4,387	0	0	8,098
Women 35 or older	17,700	13,620	1,319	38	1,436	0	0	1,287
Women of all ages	76,969	53,038	6,777	192	5,977	0	0	10,985

HSI #07B - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Women < 15	14	26	0	
Women 15 through 17	781	565	15	
Women 18 through 19	2,092	1,105	25	
Women 20 through 34	45,781	7,996	869	
Women 35 or older	16,163	1,203	334	
Women of all ages	64,831	10,895	1,243	

STATE: MA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	381	223	87	3	16	0	0	52
Children 1 through 4	51	36	5	0	1	0	0	9
Children 5 through 9	30	17	6	0	1	0	0	6
Children 10 through 14	38	23	7	0	3	0	0	5
Children 15 through 19	154	100	29	1	2	0	0	22
Children 20 through 24	267	192	45	0	11	0	0	19
Children 0 through 24	921	591	179	4	34	0	0	113

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	296	85	0
Children 1 through 4	39	12	0
Children 5 through 9	23	7	0
Children 10 through 14	30	8	0
Children 15 through 19	130	24	0
Children 20 through 24	237	30	0
Children 0 through 24	755	166	0

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,627,928	1,193,271	131,453	4,408	90,585	0	0	208,211	2008
Percent in household headed by single parent	29.0	20.0	59.0	0.0	18.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	3.9	0.0	0.0	0.0	0.0	0.0	0.0	3.9	2009
Number enrolled in Medicaid	545,974	0	0	0	0	0	0	545,974	2009
Number enrolled in SCHIP	80,237	0	0	0	0	0	0	80,237	2009
Number living in foster home care	6,399	2,851	972	13	118	0	0	2,445	2009
Number enrolled in food stamp program	208,000	102,128	32,656	0	0	0	0	73,216	2008
Number enrolled in WIC	153,482	68,914	28,407	184	8,335	0	0	47,642	2009
Rate (per 100,000) of juvenile crime arrests	79.0	0.0	0.0	0.0	0.0	0.0	0.0	1,314.0	2008
Percentage of high school drop- outs (grade 9 through 12)	2.9	1.8	5.6	4.3	1.7	3.8	3.4	7.5	2009

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,419,717	208,211	0	2008
Percent in household headed by single parent	0.0	64.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	3.9	2009
Number enrolled in Medicaid	0	0	545,974	2009
Number enrolled in SCHIP	0	0	80,237	2009
Number living in foster home care	4,247	1,697	455	2009
Number enrolled in food stamp program	163,280	40,768	3,952	2008
Number enrolled in WIC	105,840	47,642	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,314.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.0	7.5	0.0	2009

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics)

GEOGRAPHIC LIVING AREAS	TOTAL	
Living in metropolitan areas	1,637,928	
Living in urban areas	1,487,926	
Living in rural areas	140,002	
Living in frontier areas	0	
Total - all children 0 through 19	1,627,928	

Note: The Total will be determined by adding reported numbers for urban, rural and frontier areas.

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL	
Total Population	6,497,967.0	
Percent Below: 50% of poverty	5.0	
100% of poverty	11.3	
200% of poverty	24.0	

HSI #12 - Demographics (Poverty Levels) Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics) Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,627,928.0
Percent Below: 50% of poverty	5.0
100% of poverty	12.0
200% of poverty	26.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. Section Number: Form21_Indicator 06A

Field Name: S06_Race_Infants Row Name: Infants 0 to 1

Column Name: Year: 2011 Field Note:

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2008, population from the Vintage 2008 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

These detailed estimates by age group and race/ethnicity do not break out the standard census age group of 0-4 into separate groups for infants 0-1 and for children 1-4. Since these are otherwise the only reasonably current estimates available by age and race/ethnicity, we have placed 20% of the 0-4 estimated numbers in the 0-1 row and the remaining 80% in the 1-4 row.

Also note that these estimates are for combined race/Hispanic ethnicity and thus the more accurate column headings are White, non-Hispanic, Black non-Hispanic, Native American, non-Hispanic, Asian non-Hispanic, and Hispanic (all counted under "Other and Unknown" in Table 06A). Persons of Hispanic ethnicity are NOT included in the race categories.

 Section Number: Form21_Indicator 06B Field Name: S06_Ethnicity_Infants

Row Name: Infants 0 to 1

Column Name: Year: 2011 Field Note:

See Note for #06A for data source and further information.

Section Number: Form21_Indicator 07A

Field Name: Race_Women15 Row Name: Women < 15

Column Name: Year: 2011 Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2008 (the most recent year available). 2009 birth data are not yet available.

The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The "Other" race category has a large number of women who selected Hispanic ethnicities as their race.

 Section Number: Form21_Indicator 07B Field Name: Ethnicity_Women15

Row Name: Women < 15 Column Name:

Year: 2011 Field Note:

Data Source: MDPH Vital Records, Births for calendar year 2008 (the most recent year available). 2009 birth data are not yet available.

Hispanic ethnicity is derived from the "mother's ancestry" question on the Parent (mother) Worksheet. There is no "Hispanic" question. Therefore, the "Hispanic" category was populated by combining the count of all women who selected an Hispanic ancestry: Puerto Rican, Dominican, Mexican, Cuban, Colombian, Salvadoran, Other Central American, Other South American, and Other Hispanic. The "Non-Hispanic" group is made up of those who selected any ancestry other than the Hispanic choices. There are no women who did not report Hispanic ethnicity according to this method. The "Ethnicity not reported" group is those who did not select an Hispanic ancestry or any other of the 39 choices.

5. Section Number: Form21_Indicator 08A

Field Name: S08_Race_Infants Row Name: Infants 0 to 1

Column Name: Year: 2011 Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2008 (the most recent year available). Mortality data for 2009 are not yet available.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes only persons who selected "Hispanic" as a race.

6. Section Number: Form21_Indicator 08B Field Name: S08_Ethnicity_Infants

Row Name: Infants 0 to 1

Column Name: Year: 2011 Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2008 (the most recent year available). Mortality data for 2009 are not yet available.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_Children Row Name: All children 0 through 19

Column Name: Year: 2011 Field Note:

Data Source for All Children 0 through 19: National Center for Health Statistics. Postcensal estimates of the resident population for 7/1/2000-7/1/2008, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2008). Pprepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

8. Section Number: Form21_Indicator 09A Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2011 Field Note:

Data source for % in Household headed by singe parent: Data Source: 2008 data. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 American Community Survey (ACS). As reported in Kids Count Data Center, Annie E. Casey Foundation. http://datacenter.kidscount.org/data/acrossystates/.

Data are reported for children under 18. Break-outs are not available by race or ethnicity.

9. Section Number: Form21_Indicator 09A Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name: Year: 2011 Field Note:

Data Source for % in TANF families: Administration for Children and Families; Office of Family Assistance, Data Reports. Data are for Fiscal Year 2009 (Oct. 2008 - Sept.

2009); Average Monthly Number of Child Recipients, FY2009." (http://www.acf.hhs/gov/programs/ofa/data-reports/caseload/monthly/2009 03 tan.htm)

The % calculation is based on the 2009 monthly average ACF number of child recipients (63,315) divided by the estimated 2008 child population 0 – 19 of 1,627,928 (see above). Data are not available by race or Hispanic ethnicity.

10. Section Number: Form21_Indicator 09A Field Name: HSIRace_MedicaidNo Row Name: Number enrolled in Medicaid

Column Name: Year: 2011 Field Note:

Data Source for number enrolled in Medicaid: MassHealth (Massachusetts Medicaid agency). Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2009, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). The total includes children served under Title XIX (non-CHIP) (483,167), and Medicaid Expansion (62,807). Data are not available by race/ethnicity.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2011 Field Note:

Data Source for number enrolled in Medicaid: MassHealth (Massachusetts Medicaid agency). Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2009, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). The total represents children served the Separate Child Health Program.

Children enrolled through the state's Medicaid expansion options are counted in the previous row of Form 21. Data are not available by race/ethnicity.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2011 Field Note:

Data Source for number enrolled in food stamp program: USDA, Food and Nutrition Service, FY2008 Food Stamp Program Quality Control sample, as reported in "Characteristics of Food Stamp Households: Fiscal Year 2008." September 2009." Table B-11. Data on child participants are not available by race or Hispanic Ethnicity. However, 2007 data for Massachusetts participants by households (Table B-10) reported that 49.1% of SNAP households were White, 15.7% were African-American, 19.6% were Hispanic, 13.7% were other race/ethnic origin, and race/ethnicity was unknown for 1.9%. We have applied those percentages to the child participants. [2008 data household distribution by race/ethnicity were not used because of apparent reporting problems, with over 40% of the total being recorded as missing/unknown and only .9% as Hispanic.] (www.fns.usda.gov/fns/research.htm)

 Section Number: Form21_Indicator 09A Field Name: HSIRace_WICNo Row Name: Number enrolled in WIC

Column Name: Year: 2011 Field Note:

Data Source for number enrolled in WIC: Massachusetts WIC Program, MDPH. Enrollment as of 12/31/09. Note that this is lower than the total number of children who are served by WIC over the course of a year.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2011 Field Note:

Data Source for rate (per 100,000) of juvenile crime arrests: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. "Juvenile Justice Bulletin: Juvenile Arrests 2008". December 2009. Analysis of arrest data from the FBI's Crime in the United States 2008 (Washington, DC: Federal Bureau of Investigation, 2009), tables 5 and 69, and population data from the National Center for Health Statistics' Estimates of the July 1, 2000–July 1, 2008, United States Resident Population From the Vintage 2008 Postcensal Series by Year, County, Age, Sex, Race, and Hispanic Origin.

Arrest data include violent crime, property crime, drug abuse, and weapons arrests. The rates are calculated as the number of arrests of persons younger than age 18 for every 100,000 persons ages 10 – 17. The Massachusetts rate is about 55% of the estimated juvenile arrest rate in the US. Data are not available by race/ethnicity.

15. Section Number: Form21_Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2011 Field Note:

Data Source for % of high school dropouts (grade 9 through 12): Massachusetts Department of Elementary and Secondary Education. "High School Dropouts 2008-09: Massachusetts Public Schools;" released March, 2010.

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.

16. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_Children Row Name: All children 0 through 19

Column Name:

Year: 2011 Field Note:

See data source notes for corresponding 09A categories.

17. Section Number: Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name: Year: 2011 Field Note:

Data Source: U.S. Bureau of the Census. According to the most recent alignments of Standard Metropolitan Areas, all of Massachusetts is included in an SMA. Therefore we have entered the entire child population as noted in the urban/rural categories listed below.

18. Section Number: Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name: Year: 2011 Field Note: Data Sources:

For total number of children: Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2008, population from the Vintage 2008 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

For Urban/Rural/Frontier distribution: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state (91.4% and 8.6% respectively for urban and rural residents). We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These remain the most recent comprehensive data available on living location.

19. Section Number: Form21_Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name: Year: 2011 Field Note:

See data source note above for Living in Urban Areas.

Section Number: Form21_Indicator 11

Field Name: S11 total

Row Name: Total Population

Column Name: Year: 2011 Field Note:

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2008, population from the Vintage 2008 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation. These estimates are not available by poverty status.

Section Number: Form21 Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2011 Field Note:

Data Source: Estimate from previous Census data; not reported for 2008 Current Population Survey reports.

Section Number: Form21 Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name: Year: 2011 Field Note:

Data Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement. (2008 data)

http://www.census.gov/hhes/www/cpstables/032009/pov/new46 100125 01.htm.

23. Section Number: Form21 Indicator 11 Field Name: S11_200percent

Row Name: 200% of poverty Column Name:

Year: 2011 Field Note:

Data Source: U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement. (2008 data)

http://www.census.gov/hhes/www/cpstables/032009/pov/new46_185200_01.htm.

Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name: Year: 2011 Field Note:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2008, population from the Vintage 2008 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau; released May 14, 2009. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation. These estimates are not available by poverty status.

The ages reported here are 0 - 19.

Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2011 Field Note:

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 American Community Survey (ACS). As reported in Kids COUNT Data Center, Annie E. Casey Foundation. http://datacenter.kidscount.org/data/acrossstates.

26. Section Number: Form21_Indicator 12

Field Name: S12_100percent Row Name: 100% of poverty

Column Name: Year: 2011 Field Note:

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 American Community Survey (ACS). As reported in Kids COUNT Data Center, Annie E. Casey Foundation. http://datacenter.kidscount.org/data/acrossstates.

27. Section Number: Form21_Indicator 12

Field Name: S12_200percent Row Name: 200% of poverty

Column Name: Year: 2011 Field Note:

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 American Community Survey (ACS). As reported in Kids COUNT Data Center, Annie E. Casey Foundation. http://datacenter.kidscount.org/data/acrossstates.

28. Section Number: Form21_Indicator 09A **Field Name:** HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name: Year: 2011 Field Note:

Data Source for number living in foster home care: Massachusetts Department of Social Services, 2009, as available in MassCHIP. Data are a snapshot for Calendar Year

2009.

FORM 11

TRACKING PERFORMANCE MEASURES [SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: MA

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASS The percentage of pregnancies among women age 18 and over that a		2011-2015			
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	76	76	76	79	80.3
Annual Indicator	75.6	78.4	78.4	80.3	
Numerator					
Denominator					
Data Source				Mass. BRFSS bi- annual survey	
Is the Data Provisional or Final?				·	
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	81	81	82	82	

Field Level Notes

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2008 Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2008. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Numerator While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Our projected target rates have been raised again slightly, based on the continued improvement shown in the 2008 survey.

Denominator

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2007 Field Note:

There were no updated data for 2007. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2007 estimate is from the 2006 survey data. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised, based on the 2006 improvements.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015			
With technical assistance from MCHB, develop an MCH measure for July 2011.	emotional wellness	and social connected	ness across the lifesp	an at the individual ar	d systems levels by
		Annual C	Objective and Perform	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator	20	20	20	20	20
Data Source					
Is the Data Provisional or Final?					
		Annual (Objective and Perform	manao Data	
	2042		-		0044
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator			es for State Performa	nce Measures for the	Needs Assessment
Denominator	Period 2011-2015,	this is not required ur	ıtıı next year.		

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
The percentage of females aged 18 – 45 years reporting binge drinkin	g in the past 30 day	/S.					
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Annual C	Objective and Perfor	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	While you may ent	or proliminary objectiv	on for State Berforms	anaa Maaayraa far tha	Nooda Assassment		
	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.						
Denominator							

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
The percentage of women with a recent live birth reporting that they h	ad their teeth cleane	ed recently (within 1 y	ear before, during, or	after pregnancy).			
		Annual C	Objective and Perform	mance Data			
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Annual C	Objective and Perform	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	M/bile vev mey est	or proliminant objectiv	vaa far Stata Darfarma	unaa Maaayysaa far tha	Nacda Assassment		
Numerator	Period 2011-2015,	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.					
Denominator		·	-				

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015					
The percentage of School Based Health Center clients for whom an a	ssessment for intir	mate partner/teer	n dating/sexual violence	was done.			
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective				_			
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>An</u>	nual Objective and Pe	erformance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator			.hiaatii.aa faa Otata Daaf	M	f4h NII A		
Numerator	Period 2011-2015	iter preliminary o 5, this is not requ	ired until next year.	ormance Measures	for the Needs Assessment		
Denominator			•				

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Develop an MCH healthy weight measure that aligns with MDPH's over	erall strategy for pror	moting healthy weight	across all population	s			
		Annual O	bjective and Perforr	nance Data			
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator	26	26	26	26	26		
Data Source							
Is the Data Provisional or Final?							
		Annual O	bjective and Perforr	nance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	While you may ente	ar proliminom, objective	on for Ctata Darfarma	naa Maaayyaa fay tha	Nacda Assassment		
Numerator	Period 2011-2015, 1	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.					
Denominator		·	-				

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015								
The rate (per 10,000) of hospitalizations due to asthma among Black,	non-Hispanic and H	ispanic children aged	0-4 years.					
	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective								
Annual Indicator								
Numerator								
Denominator								
Data Source								
Is the Data Provisional or Final?								
			bjective and Perforr					
	2010	2011	2012	2013	2014			
Annual Performance Objective								
Annual Indicator	Mhile you may ente	ur proliminam, objectiv	on for Ctata Darfarma	naa Maaayyaa fay tha	Nacda Assassment			
Numerator		this is not required un	es for State Performa til next year.	nice ivieasures for the	ineeus Assessment			
Denominator		•	-					

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
The rate (per 100,000) of motor vehicle deaths among youth aged 15-	·24 years.						
		Annual C	Objective and Perfor	mance Data			
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Annual C	Objective and Perfor	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator		or proliminary objectiv	on for State Borforms	anno Monguron for the	Nooda Assassment		
	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.						
Denominator							

STATE PERFORMANCE MEASURE # 9 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
The percentage of high school students having missed a school day d	lue to feeling unsafe	at or on the way to	o school.				
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective			_				
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>Annua</u>	al Objective and Perfor	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	AAII T				No. 1. A		
Numerator	Period 2011-2015,	er preliminary object this is not required	ctives for State Perform I until next year.	ance Measures for the	Needs Assessment		
Denominator	,		•				

STATE PERFORMANCE MEASURE # 10 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015									
The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.									
	Annual Objective and Performance Data								
	2005	2006	2007	2008	2009				
Annual Performance Objective		59	59	66	67				
Annual Indicator	59	59	66	66	68				
Numerator									
Denominator									
Data Source				MA bi-annual Youth Hlth Survey	MA bi-annual Youth Hlth Survey				
Is the Data Provisional or Final?									
	Annual Objective and Performance Data								
	2010	2011	2012	2013	2014				
Annual Performance Objective	67	68	68	69					
Annual Indicator Numerator Denominator		er preliminary objectiv this is not required un		ance Measures for the	Needs Assessment				

1. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2009 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2009 survey results are reported. The percentage of adolescents reporting 'no current use' of alcohol or illicit drugs increased from 66% to 68% from 2007 to 2009.

2. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2008 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data for FY08 and the results of the 2007 survey are reported.

3. Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2007 Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the data have been refreshed from the FY07 survey.

Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own.

In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This became the baseline for this new state measure.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: MA

Form Level Notes for Form 12

Field Level Notes

None

STATE OUTCOME MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015									
The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages 15 - 24.									
		Annual Objective and Performance Data							
	2005	2006	2007	2008	2009				
Annual Performance Objective				_	_				
Annual Indicator				_	_				
Numerator				_	_				
Denominator	, 								
Data Source									
Is the Data Provisional or Final?									
		Annual Objective and Performance Data							
	2010	2011	2012	2013	2014				
Annual Performance Objective				_					
Annual Indicator		Obia ationa 4	a tha a harra a Niver	t Dit					
Numerator	not required for future year data.								
Denominator									

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FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: MA

SP(New for Needs Assessment cycle 2011-2015) #_____1

PERFORMANCE MEASURE: The percentage of pregnancies among women age 18 and over that are intended.

STATUS: Acti

GOAL To reduce unintended pregnancies.

DEFINITIONThis measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS).

Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was

defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without

numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included

every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to

younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is

Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children

and families.

PERFORMANCE MEASURE:

With technical assistance from MCHB, develop an MCH measure for emotional wellness and social connectedness across the lifespan at the individual and systems levels by July 2011.

STATUS:

GOAL

DEFINITION

To promote emotional wellness and positive behavioral health, particularly among women, children, and adolescents, through coordinated efforts at the individual and systems levels in such areas as Policy; Data/Evidence;

Partnership/Collaboration; Family Support/Access; Workforce Development; and Communication/Public Awareness.

This measure is scored with a Yes / No answer. A "yes" score will mean that the Department has developed a consensus measure (or measures) that capture one or more aspects of emotional wellness and social connectedness across the lifespan. At that time, this interim measure will be dropped and a new measure added to our State Performance Measures. The final measure may or may not involve a scale in order to capture more than one aspect of the broad topic.

Numerator: Not Applicable Denominator: Not Applicable

Units: Yes Text: Text

HEALTHY PEOPLE 2010 OBJECTIVE

18-6 (Developmental)

Increase the number of persons seen in primary health care who receive mental health screening and assessment. 18-1: Reduce the suicide rate

For this interim measure, the data sources and issues will help determine what permanent measure is feasible and can be **DATA SOURCES AND DATA ISSUES** tracked with reliable data (quantitative, qualitative, or both). Review of these data and the identification of additional data

needs will be part of the work to develop a consensus final measure.

SIGNIFICANCE

Promoting emotional wellness focuses specifically on wellness and an understanding, built upon the Life Course perspective, that mental health is a cumulative outcome of heredity, experiences, support, education, and environment. Emotional wellness is both a key component of physical health and healthy behavior choices, a broad need affecting the development of individuals, especially children, at key times in their lives. It is also a building block for personal productivity and community health. Indicators include depression, feeling sad and hopeless, violence, bullying, suicidality, and other behavioral health problems. Stakeholders consistently highlight the need for mental health support, lack of capacity and service gaps for all MCH populations. Solutions require collaboration among state agencies, providers, families, and other policymakers and can include universal screening and risk identification, broad-based education and communication to reduce stigma, improved training and workforce development, improved treatment services and reimbursement, and better data. Current efforts such as the Children's Behavioral Health Initiative and new post partum depression legislation will also continue to support progress.

PERFORMANCE MEASURE: The percentage of females aged 18 - 45 years reporting binge drinking in the past 30 days.

STATUS:

To reduce the high risk behavior of binge drinking among women of child-bearing age, along with other resulting risks such as high-risk sexual activity, violence, poor pregnancy outcomes, fetal alcohol syndrome, etc.

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, for the specified age group, without numerators and denominators.

Numerator:

The number of females aged 18 – 44 years who report binge drinking in the past 30 days.

Denominator:

The number of females aged 18 – 44 years in the state.

Units: 100 Text: Percent

16-17: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. **HEALTHY PEOPLE 2010 OBJECTIVE**

26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are included every **DATA SOURCES AND DATA ISSUES** year. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the incidence of binge

drinking among younger women. The data are based on self-reported behavior.

While Massachusetts exceeds other states in many health outcomes, it falls behind in binge drinking which has ripple effects to injury, birth outcomes, sexual activity choices, violence, labor productivity, and environment. Based on CDC data from the 2008 BRFSS, Massachusetts is in the upper range of all states in regards to the prevalence of alcohol use among women aged 18-44 years. 63.1% of Massachusetts women aged 18-44 years reported having one or more drinks during the last 30 days, as compared to the national median of 50.3% Alcohol consumption may have unintended consequences on the physical health of child who is exposed to alcohol while in utero, such as Fetal Alcohol Spectrum Disorders (FASD). FASD affects 1 in 100 infants each year, more than Down syndrome, cerebral palsy, cystic fibrosis, spina bifida and sudden

infant death syndrome combined. Perinatal and CSHCN staff are working with the Bureau of Substance Abuse Services (BSAS) to develop an integrated plan to further understand the extent of the problem in Massachusetts and to enhance

current program activities to address the need.

GOAL

DEFINITION

SIGNIFICANCE

PERFORMANCE MEASURE:

The percentage of women with a recent live birth reporting that they had their teeth cleaned recently (within 1 year before, during, or after pregnancy).

STATUS:

GOAL

To increase the percentage of women with a recent live birth who had their teeth cleaned recently; to improve oral health in women of childbearing age and reduce related health problems.

DEFINITION

This measure is based on information from the Massachusetts PRAMS Survey. Because the PRAMS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and

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Number of mothers with a recent live birth reporting that they had their teeth cleaned recently (within 1 year before, during, or after pregnancy).

Denominator:

Number of mothers surveyed with a recent live birth

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-2: Reduce the proportion of children, adolescents, and adults with untreated dental decay.

21-10: Increase the proportion of children and adults who use the oral health care system each year.

DATA SOURCES AND DATA ISSUES

Massachusetts PRAMS annual survey data. Survey Question #80: When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then. The data are based on self-report by women with a recent live birth who respond to

the Massachusetts PRAMS mailed survey (and follow-up).

SIGNIFICANCE

Oral health is an important part of a woman's overall health and in Massachusetts strongly correlates with income status. The state's oral health statistics highlight poor access and affordability of oral health care, two of the leading reasons for the disparity in outcomes. A known issue is the frequency of providers discussing the importance of oral health during prenatal visits which furthers gaps between those accessing oral health care and those not. Recent studies suggest that gum disease may represent a threat to the pregnant mother and her unborn baby. Pregnant women are also particularly susceptible to periodontal disease. Oral diseases are associated with serious health problems including cardiovascular disease, stroke, diabetes mellitus, respiratory infections, osteoporosis, and adverse pregnancy outcomes. Hormonal changes during pregnancy can cause swollen gums that bleed during pregnancy. Maternal periodontal infections are associated with premature birth, low birthweight, pre-eclampsia, ulcerations of the gingival tissue, pregnancy granuloma, and tooth erosion. These risks increase in women who smoke or experience nutritional deficiencies.

PERFORMANCE MEASURE:

The percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual

violence was done.

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STATUS: GOAL

To see the following related to intimate partner/teen dating/sexual violence assessments: an increase in the percentage of assessments completed; an increase in the quality of the assessments performed; an increase in the rates of assessments combined with other health issues (e.g. child witness, suicide, bullying, weapon carrying, STI); and connections to resiliency

factors in the outcomes of the assessments.

DEFINITION

Percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence

was done during the reporting year.

Numerator:

Number of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence

was done during the reporting year.

Denominator:

Total number of School Based Health Center clients during the reporting year.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7-2 (Related)

Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and

environmental health.

15-34: Reduce the rate of physical assault by current or former intimate partners.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Massachusetts Department of Public Health. School-Based Health Center Data System.

Experience of violence is associated with significant short and long term health risks including suicidal behavior, substance use, obesity, and tobacco use. Screening for violence can provide education to students about the prevalence of violence (reducing isolation), the impacts of violence on health and about resources for support services that can increase safety and minimize long term risk. This measure initiates an expanded collaboration between the MDPH Division of Violence and Injury Prevention and the School Based Health Center program within the Division Primary Care and Health Access. Both are committed to improving the health of adolescents and the impact of healthy relationships. Health Center staff will receive expanded education and training on violence and will improve the quality of the assessments with students as well as develop closer collaborations with local resources.

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PERFORMANCE MEASURE:

Develop an MCH healthy weight measure that aligns with MDPH's overall strategy for promoting healthy weight across all

populations

STATUS:

DEFINITION

GOAL

To develop a state healthy weight performance measure building on overall MDPH strategies in the following key areas: policy; workforce development; programmatic change; public awareness/outreach; and data collection.

policy; workforce development; programmatic change; public awareness/outreach; and data collection.

This measure is scored from a Checklist that includes four components, most with several subcomponents, each of which is scored on a scale of 0 - 2; the maximum total score is 26. The components address the following aspects of a

Partnership/Collaboration; (3) Partnership/Collaboration: Facilitate communication and strategies; (3) Public Health/MCH Strategies – identifying gaps and best practices and developing comprehensive strategies; and (4) Developing an MCH State Performance Measure related to healthy weight. At that point, this measure will be replaced. See Notes to this Form

for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

comprehensive strategy: (1) Landscape - comprehensive review of current activities and strategies; (2)

Numerator:

Not Applicable - Unique Scale

Denominator:

Not Applicable - Unique Scale
Units: 26 Text: Scale

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Overweight or obesity in children and adolescents.

Text of Objective and sub-objectives: 19-3: Reduce the proportion of children and adolescents who are overweight or obese. 19-3a: Children ages 6 - 11 years 19-3b: Adolescents ages 12 to 19 years 19-3c: Children and adolescents ages 6 to 19 years. Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (1988-94) was 11%.

7-11: Increase the proportion of local health departments that have established culturally appropria

DATA SOURCES AND DATA ISSUES

This checklist measure will be scored by concensus among the key programs and staff working on the development of an MCH healthy weight measure. The scoring will therefore be subjective, but progress on the various components (e.g. inventories of activities, extent of participation in working groups) will be documented and reviewed prior to finalizing annual

scores.

SIGNIFICANCE

Healthy weight is arguably the single most important issue for public health over the next decade. The rationale for addressing healthy weight is clear and MDPH has the access to resources and the position in the community to be a key voice on healthy weight. The Needs Assessment presents many statistics addressing the scope and severity of issues related to healthy weight, including health disparities. The majority of Massachusetts residents are obese or overweight and 30% of children/youth are overweight. Obesity is associated with multiple adverse short- and long-term health outcomes particularly with overweight starting early in life (diabetes, gestational diabetes, heart disease, etc.), which disproportionately affect minorities. Action on this MCH priority is feasible, has strong political will and is aligned with several MDPH initiatives (Mass in Motion Initiative, the Wellness Promotion Advisory Board). There is an opportunity to leverage programs touching many populations (WIC, EI, School Health Services) and new funding opportunities. This State Performance Measure is a developmental one that we expect to retain for no more than 1 to 2 years. A strategic planning process with further stakeholder input and engagement will more clearly define the best healthy weight strategies for Massachusetts. At that time, a more specific process or outcome measure will be created.

PERFORMANCE MEASURE: The rate (per 10,000) of hospitalizations due to asthma among Black, non-Hispanic and Hispanic children aged 0-4 years.

STATUS: Active

SIGNIFICANCE

GOAL To decrease asthma disparities among Black, non-Hispanic and Hispanic children aged 0-4 years.

The rate (per 10,000) of hospitalizations due to asthma among Black, non-Hispanic and Hispanic children aged 0-4 years, **DEFINITION**

as reported in the state Uniform Hospital Discharge Data System (UHDDS)

Number of resident asthma (ICD-9 codes: 493.0- 493.9) hospital discharges for Black, non-Hispanic and Hispanic children less than five years old.

Denominator:

Estimated number of Black, non-Hispanic and Hispanic children less than five years old in the state in the reporting year.

Units: 10000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE 1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions--pediatric asthma

24-3: Reduce hospital emergency department visits for asthma.

Related: 24-6: Increase the proportion of persons with asthma who receive formal patient education, including information

about community and self-help resources, as an essential part of the management of their condition.

DATA SOURCES AND DATA ISSUES Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. As

analyzed by MDPH epidemiology staff. ICD Codes 493.0 - 493.9, inclusive. The UHDDS usually also has data on emergency department visits and observation holds. The UHDDS database is sometimes delayed in being released and

available to data staff at MDPH.

Asthma is one of the more prevalent health conditions among children. Proper management, including personalized medical care that educates the child, parents, teachers, and extended family about symptoms, the use of medications, and the avoidance of environmental triggers, can significantly reduce asthma hospitalizations and deaths and dramatically improve the child's quality of life. Asthma is a critical issue for many youth and adults with low rates of well controlled asthma and a racial disparity in those needing hospitalization. The level of asthma control among Massachusetts children with current asthma during the years of 2006-2007 suggest that improvements in asthma education and management for children and families are needed, given that 65.2% of children's asthma was not well controlled or very poorly controlled. From 2002-

2005, children aged 0-4 years had the highest rates of emergency department visits, outpatient observation stays, and hospitalizations due to asthma of any group. Black, non-Hispanics and Hispanics consistently had substantially higher age-

adjusted rates of hospitalization due to asthma than White, non-Hispanics

PERFORMANCE MEASURE: The rate (per 100,000) of motor vehicle deaths among youth aged 15-24 years.

STATUS: Active

GOAL To decrease the rate of motor vehicle deaths among youth aged 15-24 years.

DEFINITION The rate (per 100,000) of motor vehicle deaths among youth aged 15-24 years.

Numerator:

Number of deaths to youth aged 15 through 24 years due to motor vehicle crashes in the reporting year. This includes all

occupant, pedestrian, motorcycle, bicycle, etc. deaths caused by motor vehicles.

Denominator:

Number of youth in the State aged 15-24 years in the reporting year.

Units: 100000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE 15-15: Reduce deaths caused by motor vehicle crashes.

26-1: Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes

Related: 26-6: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver

who had been drinking alcohol.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Massachusetts Registry of Vital Records and Statistics; available through MassCHIP.

As unintentional injury and "accidents" are increasingly understood as preventable public health events, MDPH focuses on healthy choices and encouraging informed decisions regarding health and wellbeing. These decisions are especially crucial when adolescents start operating vehicles and are responsible for themselves and others around them. Unintentional motor vehicle traffic crashes (including occupants, motorcyclists, pedestrians, and bicyclists in traffic) were the leading cause of injury deaths among youth aged 15-24 years. Massachusetts adds Motor vehicle deaths ages 15-24 as a next step from National Performance Measure 10, which covers 10 to 14 years of age. Feedback to the stakeholders including the MCH Steering Group was that NPM10 captured the safety of children with an adult driving and issues such as seatbelt use, whereas the 15-24 year old measure covers the adolescent as the driver. Support for this measure by MA Title V also aligns the Title V agency with efforts in the state around policy changes such as the recently implemented graduated driver's

license.

PERFORMANCE MEASURE:

The percentage of high school students having missed a school day due to feeling unsafe at or on the way to school.

STATUS:

GOAL

To decrease the percentage of high school students who miss school due to feeling unsafe at or on the way to school. To improve the perceived safety of high school students from physical violence of all types.

DEFINITION

The percentage of high school students who report having missed a school day due to feeling unsafe at or on the way to school. This measure is based on information from the Massachusetts Youth Risk Behavior Survey (MYRBS). Because the MYRBS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of high school students who report they did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school.

Denominator:

The number of high school students responding to the survey.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7-2

Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

15-38: Reduce physical fighting among adolescents.

Related: 15-37: Reduce physical assaults. 15-39: Reduce weapon carrying by adolescents on school property. Injury and Violence Prevention HP2020–41: Reduce bullying among adolescents.

DATA SOURCES AND DATA ISSUES

Massachusetts Youth Risk Behavior Survey (MYRBS). QN15: Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school. This measure is based on information from the MYRBS, conducted in odd-numbered years by the Massachusetts Department of Elementary and Secondary Education, in public high schools. The MYRBS is administered in coordination with the Massachusetts Youth Health Survey (MYHS) of the Massachusetts Department of Public Health, which is conducted in both public middle schools and high schools. The surveys are administered to a stratified, random sample of 7,000 middle and high school students across the state. The self-reported survey data do not extend to youth in private schools or not in school. Because results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

SIGNIFICANCE

To reduce violence, we focus on ensuring that screening for violence is built into programs to stop cycles of violence and the impact of violence on mental wellness. One area where violence can be prevented is to stop bullying and the negative impact it has on the health and wellness of MCH populations. Violence, bullying and suicide among adolescents in the state have come together in several schools in the Commonwealth culminating in at least one recent highly publicized death from suicide related to bullying. According to data from the 2009 YRBS: 11% of high school youth experienced dating violence ever in their lifetimes (females 15%, males 8%), 11% of high school youth had experienced unwanted sexual contact ever in their lifetimes (females 16%, male 7%), 4% of high school youth had missed school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school (females 4%, males 4%), 19% of high school youth had been bullied at school in the past year (females 20%, males 19%), and 7% of high school students reported that they had been threatened or injured with a weapon at school in the past year (females 4%, males 10%). MDPH is actively involved in reducing bullying and the effects of bullying including the development of safe places for students within schools and increased understanding and awareness by adults who work with adolescents.

PERFORMANCE MEASURE:

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

STATUS:

GOAL

Active

To reduce the risk behaviors of drinking and doing drugs among adolescents, along with other resulting risks such as highrisk sexual activity, violence, etc.

DEFINITION

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own. In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

Numerator:

The number of middle school and high school students who report not using either alcohol or any illicit drugs within the past 30 days

Denominator:

The number of middle school and high school students responding to the survey.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

26-10a - Youth using no alcohol or illicit drugs in past 30 days.

Full text of 26-10a: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. [Illicit drugs defined as marijuana, hashish, cocaine (including crack), inhalants, hallucinagens, heroin, or any non-medical use of analgesics, tranquilizers, stimulants, or sedatives.] Baseline (1998) - 79%; adolescents ages 12 to 17.

DATA SOURCES AND DATA ISSUES

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). MYHS is collected in public middle schools and high schools in odd-numbered years. The MYHS is administered cooperatively with the Massachusetts Youth Risk Behavior Survey (MYRBS), conducted by the Massachusetts Department of Elementary and Secondary Education in public high schools. The surveys are administered to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported. The percentage of adolescents reporting no current use of either alcohol or illicit drugs cannot be calculated from the YRBS for the middle school, as it is only administered in the public high schools. Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

SIGNIFICANCE

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared to marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to data rape), much remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors. The percentage of students who report current alcohol use has declined dramatically (32 percent in 2009 vs. 51 percent in 1991) since the first YRBS survey. National survey results indicate that alcohol and other drug use has remained stable or declined since 2004. Recognizing the impact of substance abuse on adolescent health and decision making, the state continues with a focus on prevention efforts in substance abuse.

OUTCOME MEASURE:

The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages 15 - 24.

STATUS:

DEFINITION

Active

GOAL

To reduce the disparity in homicide rates especially among males ages 15-24 year old where the homicide rate is greatest. The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages

15 - 24.

Numerator:Homicide death rate (per 100,000) for Black, non-Hispanic males ages 15-24 in the reporting year.

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Homicide death rate (per 100,000) for White, non-Hispanic males ages 15-24 in the reporting year.

Units: 1 Text: Ratio

HEALTHY PEOPLE 2010 OBJECTIVE

15-32: Reduce homicides.

15-3: Reduce firearm-related deaths.

Related: 15-38: Reduce physical fighting among adolescents. 15-39: Reduce weapon carrying by adolescents on school

property.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Massachusetts Registry of Vital Records and Statistics

For the first time, Massachusetts Title V has set an optional State Outcome measure. As part of our focus on health disparities, we have selected a violence prevention state outcome measure that evaluates the large gap between White, non-Hispanic and Black, non-Hispanic homicide deaths. Youth and young adult males, especially Black, non-Hispanic males, are disproportionately involved as victims of homicide. Homicide is the second leading cause of death (after unintentional injury) among youth aged 15-24 years (8.1 deaths per 100,000). Ninety-two percent (92%) of these deaths are among males and 78% involve a firearm. This overall rate conceals huge discrepancies: during 2005-2007 the homicide rates for Black non-Hispanics, Hispanics, and Asians of both sexes aged 15-24 years were 25, 12, and 8 times that of White non-Hispanics in this age group, respectively. In 2007 the ratio of black, non-Hispanic to white, non-Hispanic male homicide deaths in Massachusetts was roughly 36 to 1. This is an unacceptable loss of life that calls for public health as well as public safety interventions. Improved outcomes will come through targeted and broad approaches to violence, mental health, built environment, and other areas. Building on work begun in FY10, the Child and Youth Violence Prevention Unit will continue to work with partners across the state to address youth in high risk communities. Progr